

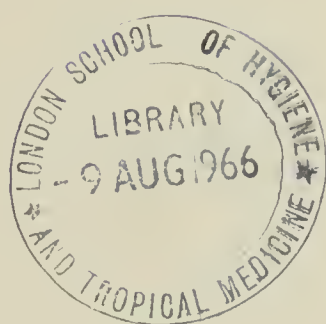


COUNTY COUNCIL OF THE WEST RIDING
OF YORKSHIRE.

FORTY-FIFTH
ANNUAL REPORT

OF THE
County Medical Officer,
FOR THE YEAR, 1933.

*Printed by Order of the Public Health and Housing Committee,
17th September 1934.*



WEST RIDING PUBLIC HEALTH AND HOUSING COMMITTEE.

CHAIRMAN

County Alderman G. Probert

VICE-CHAIRMAN

County Alderman T. C. Watson

COUNTY ALDERMEN

Blackburn, D. A.	Newton, J.
Cartwright, W. B.	Siddall, J.
Dawson, Major J. M.	Tomlinson, T.
Dean, W.	Turner, Sir Ben
Lomas-Walker, G. B.	Unwin, Miss H.

COUNTY COUNCILLORS

Allan, J. T.	Hibbert, W.
Archer, Rev. F.	Hill, W.
Atkinson, Mrs. E. M. E.	Hitchin, R.
Bailey, A. R.	Inglis, E. P.
Bevan, S. G.	Jackson, F.
Binns, B.	Jones, G. M.
Blewitt, W. T.	Kaye, C.
Bradley, B.	Mellor, J. W.
Clough, W.	Palmer, G. E.
Corfield, A.	Parker, J.
Crabtree, E.	Rhodes, Lt.-Col. H., M.C.
Dawson, H. M.	Richardson, J.
Eddy, H.	Simpson, J. W.
Flavell, A.	Tack, A. W.
Fletcher, A.	Waddilove, V.
Fouchard, A.	Walton, J.
Goodall, N.	Wilkinson, J.
Griffiths, G. A., M.P.	Wragg, Mrs. E.
Heald, Mrs. M.	York, Col. E., D.L.

TO THE CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH AND
HOUSING COMMITTEE OF THE COUNTY COUNCIL OF THE
WEST RIDING OF YORKSHIRE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the health conditions of the County during 1933. The minimum requirements of the report were prescribed by Circular 1346, issued by the Ministry of Health. It is an "ordinary" report as distinct from one of the series of five-yearly surveys.

The year may be described as a fairly healthy one, despite a generalised increase in the incidence of a mild type of scarlet fever. The number of cases of this disease which were notified was 6,218 among whom the death rate was 4·02, as compared with 3,261 notifications and a death rate of 5·83 during 1932. A further decrease in the incidence of cerebro-spinal fever was registered, there being 175 cases notified compared with 345 in the previous year, while in regard to enteric fever the number of notifications (58) represents the usual sporadic incidence which has taken place over a number of years.

The general death rate was 12·2 per 1,000 of population as compared with 12·1 for 1932 and 12·3 for the decennium 1922-31, and although the death rate from cancer showed no increase over that for the previous year, this satisfactory feature was offset by an appreciable increase in the deaths from diseases of the heart and circulatory system. The infantile mortality rate (70) was precisely the same as that for 1932. This figure still remains a little higher than that for the rest of the country, and by reference to pages 17 and 18 it will be observed that conditions operating prior to the birth of the child are largely responsible for the high mortality among infants. The same table, however, shows beyond doubt that there is still considerable room for improvement in the care and bringing-up of infants, for it will be noted that acute infective conditions, viz: pneumonia, diarrhoea, influenza, bronchitis, whooping cough, etc., levied a big toll in infant life.

Another low record was established in the death rate both for pulmonary and for non-pulmonary tuberculosis. The reduction corresponded with a similar decrease throughout the country as a whole, although in the case of pulmonary tuberculosis it is pleasing to record that the rate of the County was distinctly less than for the rest of England and Wales (·49 W. R., ·69 E. & W.).

Once again the maternal mortality rate constitutes a serious blot on the statistical picture of the Administrative County. The figure 5·94 deaths of mothers per thousand live and still births exceeds the rate in any of the last ten years with the exception of that for 1930. In comparison the rate for England and Wales was 4·32; for Lancashire 5·13; for Durham County 4·67; for Leeds 3·59; for Bradford 4·65 and for Sheffield 4·65.

Reference has been made in previous annual reports to the influences which may be operating in the County so as to produce this high mortality among mothers in confinement. Probably it is too early yet to expect substantial results from the County Council's maternity scheme; however it may be noted that further progress with the scheme was made during the year by the establishment of additional ante-natal clinics, and by the decision of the County Council to provide maternity home accommodation in the South Yorkshire area.

The Ministry of Health Circular 1338 relating to Rural Water Supplies received due consideration by the Public Health Committee, and subsequently the County Council agreed to a proposal to call in a consulting water engineer to advise when required, upon the many problems associated with rural water supplies in the Administrative County. It was necessary in the first place to issue to Local Authorities a comprehensive questionnaire regarding existing supplies in order that the needs of the County as a whole could be considered and with the object of ascertaining a fair estimate of the total cost of new and essential undertakings. The Public Health Committee took the view that before making any grant under Section 57 of the Local Government Act 1929 it should be in possession of a complete statement of the financial outlay involved, after which it would be in a position to determine a reasonable contribution from the County fund, and an equitable basis of its allocation among those authorities affected. No doubt the compilation of the information asked for in

the questionnaire has necessitated the expenditure of much time and labour by local authorities and their officials, but even at the time of writing (August 1934) there are many authorities who have not yet furnished replies. This delay is regrettable as it has meant that the County Council has been unable to proceed with its investigation, and certain authorities who are in dire need of a pure and wholesome water supply are being prevented from going ahead with their schemes.

The slum clearance programme prepared under Circular 1331 of the Ministry of Health reveals a fairly satisfactory position. The figures available show that during the next five years nearly 9,000 houses are to be closed or demolished; approximately 26,000 persons are to be displaced, and it is intended to provide just over 6,000 new houses. The same degree of enthusiasm has not been displayed by many authorities in connection with the Housing (Rural Workers) Acts 1926 and 1931. These Acts have been taken advantage of only to a very small extent in the West Riding Administrative County, and after witnessing the excellent work which has been accomplished in other counties, *e.g.*, Hampshire, Derbyshire, Devon, in which the rural character is quite comparable with large tracts of the West Riding, it is felt that there is much leeway to be made up under this valuable piece of legislation.

The National Economy Act had the effect of curtailing expenditure upon many important services of the County Council. Not the least of these was the development and modernisation of the hospitals and sick wards transferred from the late Poor Law Guardians. These institutions and the question of the treatment of the sick generally in the County are matters which, to my mind, require the immediate attention of the County Council.

In April 1932, after completing a medical survey of the institutional accommodation a report was presented to a combined meeting of the Public Assistance and Public Health Committees indicating a policy of development. The report was divided into two sections, the first outlining the ideal re-organisation anticipated by the Royal Commission and the Local Government Act, 1929, involving the breaking up of the poor law and treatment of the sick otherwise than as a measure for relieving destitution, and the second setting out the minimum essentials which were considered necessary to carry on the hospital and medical services transferred to the County Council by the late Poor Law Guardians with a reasonable degree of efficiency. Owing chiefly to the national call for economy it was found necessary to defer action upon the lines suggested. The matter is again receiving the attention of the respective committees, and it is hoped that a satisfactory programme of development will be arranged at an early date.

Although this report refers to the year 1933 it is appropriate that I should record here the death of Dr. A. W. Frew, Assistant County Medical Officer, in May, 1934. His untimely death came as a great loss to the Department but he will be long remembered with affection by those who worked with him. He was a capable and conscientious officer and your committee is well aware of the excellent service which he rendered to the County Council.

I have the honour to be,

Your obedient servant,

T. N. V. POTTS,

County Medical Officer.

County Hall, Wakefield,

August, 1934.

Staff

(JULY, 1934).

County Medical Officer and School Medical Officer.

T. N. V. Potts, M.D., B.S., B.Hy., D.P.H.

Administrative Assistant Medical Officers of Health.

P. L. Sutherland, M.B., Ch.B., D.Sc. (Pub. Health).	County Bacteriologist and Pathologist.
Vacant. (A. W. Frew, L.R.C.P. & S.E., L.R.F.P. & S.G., D.P.H., died May, 1934).	Chief V.D. Officer and General Public Health.
R. Lawrence, M.D., Ch.B., D.P.H.	Chief Assistant School Medical Officer, and Child Welfare Medical Officer.
G. S. Johnston, M.D., Ch.B., D.P.H.	Chief Clinical Tuberculosis Officer.
J. L. G. Iredale, M.B., Ch.B., D.P.H.	Assistant Bacteriologist.

Consultant Tuberculosis Officers.

Thompson Campbell, M.D., C.M. (died September, 1934).	H. A. Crowther, M.A., M.R.C.S., L.R.C.P.
V. Ryan, M.D., Ch.B., D.P.H.	S. R. Wilson, M.D., Ch.B., D.P.H.

Assistant Tuberculosis Officers.

E. A. Wilson, M.D., M.R.C.S., L.R.C.P.	E. J. C. Groves, M.B., Ch.B.
G. A. Crowley, B.A., M.D., B.Ch., D.P.H.	S. P. Wilson, M.D., Ch.B., D.P.H.
A. Leitch, M.B., Ch.B., D.P.H.	J. Wood Wilson, M.D., Ch.B., D.P.H.
T. W. Ruttledge, M.B., Ch.B., D.P.H.	A. D. Rankin, M.B., Ch.B., D.P.H.
J. E. Gething, B.A., M.B., Ch.B.	

Sanatorium Medical Staffs.

G. S. Johnston, M.D., Ch.B., D.P.H.	(<i>Chief Clinical Tuberculosis Officer</i>), Medical Superintendent, Cardigan Sanatorium.
Thompson Campbell, M.D., C.M., (died September, 1934).	Medical Superintendent, Middleton Sanatorium.
C. J. Martin, O.B.E., B.A., M.B., B.Ch.	Senior Assistant M.O. do. do.
C. Poniedel, M.B., Ch.B.	Second Assistant M.O. do. do.
M. Jaffe, M.B., Ch.B.	Third Assistant M.O. do. do.
V. Ryan, M.D., Ch.B., D.P.H.	Medical Superintendent, Crookhill Hall Receiving Home.
H. Bird Sproat, M.D., Ch.B.	Medical Superintendent, Mitchell Memorial Home, Rawdon.
M. S. Sharp, M.B., Ch.B.	Medical Superintendent, Eldwick Sanatorium.

Sanatorium Nursing Staff.

Middleton Sanatorium	Matron, J. Pegg. Nursing Staff, 38.
Cardigan Sanatorium	Matron, E. Marvin. Nursing Staff, 6.
Crookhill Hall Receiving Home	Matron, M. A. Toogood. Nursing Staff, 6.
Eldwick Sanatorium	Matron, Martha Heslop. Nursing Staff, 5.
Mitchell Memorial Home	Matron, A. Burnett. Nursing Staff, 3.

Venereal Diseases Officers.

There are 18 part-time Medical Officers of centres; see list on page 23.

School Oculists.

C. S. Stoddart, M.B., Ch.B.
H. W. Murphy, M.B., Ch.B., D.P.H.

School Medical Inspectors.

James M. Anderson, M.R.C.S., L.R.C.P.	G. M. Mayhall, M.R.C.S., L.R.C.P.
N. Allan, M.B., Ch.B.	J. J. Smith, M.B., Ch.B., D.P.H.
J. Coupland, M.B., B.S., D.P.H.	B. M. Newlands, M.B., Ch.B., D.P.H.
J. M. Macmillan, M.B., Ch.B., D.P.H.	D. C. Rice, M.B., Ch.B.
E. J. Tyrrell, M.D., Ch.B.	S. Lindsay, M.B., Ch.B.
R. B. Becker, M.B., Ch.B., D.P.H.	R. L. H. Davy, M.B., B.S., D.P.H.
J. W. Cairns, M.D., Ch.B., D.P.H.	M. E. Peaker, M.R.C.S., L.R.C.P.
J. V. Kirkwood, M.B., Ch.B., D.P.H.	A. Rennie, M.B., Ch.B.

School Dentists.

O. A. Long, L.D.S.
 F. W. Buzza, L.D.S.
 B. R. Townend, L.D.S.
 J. M. Macdonald, L.D.S.
 J. Mackay, L.D.S.
 K. Batten, L.D.S.

J. R. Wishart, L.D.S.
 R. Sclare, L.D.S.
 J. Fletcher, L.D.S.
 C. Baines, L.D.S.
 J. Jackson, L.D.S.
 G. Kilvington, L.D.S.
 (2 vacancies).

County Analyst.

F. W. Richardson, F.I.C., F.C.S.

Consultant Obstetricians and Gynæcologists.

12 Consultants.

Child Welfare Centre and Ante Natal Medical Officers.

Whole-time Medical Officers of Health	...	...	...	...	...	...	3
School Medical Inspectors	...	...	...	...	...	...	10
Part-time Medical Practitioners in general practice	...	...	...	...	...	...	58
Part-time Medical Women in general practice	...	...	...	...	...	...	16
Part-time Medical Women not in general practice	...	...	...	...	...	...	8

School Nurses and Health Visitors, etc.

Miss A. Brooke—Inspectress of Nurses and Midwives.
 Miss A. E. Williams—Inspectress of Nurses and Midwives.
 112 Child Welfare Nurses.
 6 School Nurses.
 12 Dental Nurses
 22 Tuberculosis Nurses.
 63 Part-time Child Welfare Nurses.

Technical Staff.

CHIEF COUNTY SANITARY INSPECTOR:
 A. Brook.

SANITARY INSPECTORS:

L. Butterworth. A. H. Holt.

Laboratory Staff:

CHIEF LABORATORY ASSISTANT:
 J. W. Gooderidge.

SENIOR LABORATORY ASSISTANTS:
 I. W. Harris, J. B. Marshall.
 2 Junior Assistants, 5 Attendants.

COUNTY RADIOGRAPHER:
 Miss A. M. Byass, B.Sc., M.S.R.

FOOD AND DRUGS SAMPLING OFFICERS:
 (also act as Inspectors of Weights and Measures)
 1 Chief Inspector, 9 Sampling Officers.

Clerical Staff.

CHIEF CLERK:

J. C. Bennett.

SECTIONAL SENIOR CLERKS:

R. L. Rea.	J. W. Beaumont.
W. A. Ryder.	H. V. Stott.
J. H. Gloyne.	J. W. Bray.
B. E. Allenby.	A. B. Harrison.

18 Clerks, 11 Typists.

Medical Officers of Health.

There are 13 whole-time and 93 part-time Medical Officers of Health; for list see Table folded in at page 14, showing Births, Deaths, etc.

District Medical Officers (Public Assistance) and Public Vaccinators.

Name	Qualifications.	District	Area (acres)	Population (approx.)
<i>No. 1.—Ewecross Area.</i>				
J. T. Bleasdel	M.R.C.S., L.R.C.P.	Gisburn	30302	2974
T. G. S. Harkness	L.R.C.P., L.R.C.S.	Slaidburn	51369	2475
C. A. Allan	M.B., Ch.B.	Great Mitton	1727	181
T. W. Rothwell	M.B., Ch.B.	Dent	20895	925
B. S. Hyslop	M.B., Ch.B.	Sedbergh Garsdale	31779	2644
G. J. Marks	M.B., Ch.B.	Horton and Settle	35775	5025
A. J. Troughton	L.R.C.P., L.R.C.S., L.R.F.P.S.	Ingleton	26548	3033
T. Lovett	M.B., Ch.B.	Bentham	7718	2452
E. H. Marsh	M.R.C.S., L.R.C.P.	Clapham	25345	1249
H. Wales	M.B., B.Ch.	Long Preston	16295	2095
K. C. Crosbie	M.B., Ch.B.	Kirkby Malham	22328	608
		Arncliffe	17998	284
<i>No. 2.—Staincliffe Area.</i>				
C. Clyne	M.B., Ch.B.	Kildwick	11327	6586
W. L. Crabtree	L.S.A., L.M.S.S.A.	Addingham	20785	2761
K. C. Crosbie	M.B., Ch.B.	Grassington and Kettlewell	60502	3245
N. A. MacLeod	M.D., M.B., Ch.B.	Skipton	21978	15471
A. M. Niven	M.B., Ch.B.	Thornton	10002	6667
J. W. Pickard	M.B., Ch.B.	Barnoldswick	6572	12131
M. Purcell	M.B., Ch.B., B.A.O.	Silsden	7101	4881
H. Wales	M.B., Ch.B.	Gargrave	20994	1941
<i>No. 3.—Claro Area.</i>				
†C. A. Flintoff	M.R.C.S., L.R.C.P.	Pateley Bridge	49039	5820
E. G. Campbell	M.B., Ch.B., D.P.H.	Birstwith	25132	1245
P. A. Steven	M.B., Ch.B.	Ripon	18394	10736
S. Hey	M.R.C.S., L.R.C.P.	Sharrow	7391	887
R. G. M. Harvey	L.R.C.P.I. & L.M., L.R.C.S.I.	Kirkby Malzeard	25817	2162
S. Foskett	M.D., B.S.	Harrogate	10795	38935
†D. F. Dobson	M.B., B.S., D.P.H.	Killinghall	15624	3085
††W. J. Forbes	M.B., Ch.B., B.A.O.	Knaresbro'	12141	8186
S. C. Wilkinson	M.B., Ch.B., L.S.A.	Knaresbro'		
J. S. Dudgeon	M.D., B.Ch., B.A.O., D.P.H.	Starbeck	2688	4818
J. A. Smorfit	M.R.C.S., L.R.C.P.	Acomb	8861	7024
†J. M. Benson	M.B., Ch.B.	Green Hammerton	16981	2553
F. P. Rust	M.B., B.S., L.R.C.P., L.R.C.S.	Gt. Ouseburn	10201	1298
		Boro'bridge	9926	2401
<i>No. 4.—Barkston Ash Area.</i>				
T. H. Barton	M.B., B.S.	Bishopthorpe	6411	2933
C. H. Sykes	L.R.C.P., L.R.C.S., L.R.F.P.S.	Aberford	17315	9597
†C. C. Hargreaves	M.B., Ch.B., D.P.H.	Kippax	10167	13503
Wm. Murphy	M.B., Ch.B., M.R.C.S., L.R.C.P.	Sherburn	22009	5254
J. P. Scatchard	M.B., B.S., M.R.C.S., L.R.C.P.	Ryther		
R. W. Lee	M.B., Ch.B.	Tadcaster	22902	5806
O. F. Barr	M.B., Ch.B.	Boston Spa	11100	4384
		Harewood	19233	3365
O. D. Beetham	M.B., Ch.B.	Kirkby Overblow		
†J. A. Hargreaves	M.B., C.M.	Thorner	7058	2311
		Tockwith	27247	6388
		Wetherby		
<i>No. 5.—Skrack Area.</i>				
D. W. E. Burridge	M.B., Ch.B.	Horsforth	5758	17014
†A. J. I. Muschamp	M.B., Ch.B.	Yeadon	4568	13429
†G. E. Macvie	M.D., Ch.B.			
†*E. G. Firth	M.R.C.S., L.R.C.P.	Baildon	5558	9059
T. Browne-Header	M.B., C.M.	Ilkley	11646	10472
W. H. Galloway	M.R.C.S., L.R.C.P.	Otley	37111	22349
<i>No. 6.—Worth Valley Area.</i>				
†H. C. Ling	M.R.C.S., L.R.C.P. & L.M.	North Keighley		
†J. E. H. Scott	M.B., Ch.B.	South Keighley	11663	43666
*F. Villy	M.D.			
J. M. Crocker	M.R.C.S., L.R.C.P.	Bingley	9522	17370
J. E. Baird	M.B., Ch.B., B.A.O.	Cullingworth	1215	1500
C. Clyne	M.B., Ch.B.	Haworth	9991	11500
G. Marquis	M.B., Ch.B.	Sutton	4414	4641
		Wilsden	2638	3000
<i>No. 7.—East Morley Area.</i>				
†E. T. Hyland	M.B., B.Ch., B.A.O.	Pudsey	2399	14762
H. D. Merrington	M.B., Ch.B.	Drighlington	1135	4064
A. L. Mitchell	M.B., Ch.B.	Hunsworth (part of)	1381	879
J. A. Hope	M.B., C.M.	Hunsworth (part of)	—	439
*O. D. Ballinger	B.M., B.Ch.			
†A. R. Waterhouse	M.R.C.S., L.R.C.P.	Shipley	2182	30243
A. F. Stewart	M.D., M.B., C.M.	Denholme	2536	2662
N. A. A. Hughes	M.R.C.S., L.R.C.P.	Calverley	2106	3655
†T. H. Elmer	M.B., Ch.B.	Farsley	821	6158
<i>No. 8.—Calder Area.</i>				
††W. R. Thompson	L.R.C.P., L.R.C.S., L.R.F.P.S.			
†*J. J. Murphy	M.B., B.Ch., B.A.O.	Shelf	1303	2600

* Public Vaccinator only.

† District Medical Officer only.

†† Medical Officer of Health (part time).

Name.	Qualifications.	District.	Area (Acres.)	Population (approx.)
<i>No. 8.—Calder Area (contd.).</i>				
†A. J. W. Stephen ...	M.B., Ch.B., D.P.H. ...	Ripponden ...	13240	5447
†H. W. Moreck ...	M.R.C.S., L.R.C.P. ...	Sowerby and	4140	15807
V. C. Meyer ...	M.B., Ch.B. ...	Sowerby Bridge		
C. S. Ogilvy ...	L.R.C.P., L.R.C.S., L.R.F.P.S. ...	Luddenden Foot ...	2948	4763
†W. Skeels ...	M.R.C.S., L.R.C.P. ...	Brighouse ...	9749	32159
†J. H. J. V. Coats ...	M.B., B.Ch. ...	Hipperholme		
C. M. Stallard ...	M.B., Ch.B. ...	Rastrick ...	3431	15048
A. G. Gamble ...	L.M.S.S.A. ...	Elland ...		
†N. C. Beaumont ...	M.R.C.S., L.R.C.P. ...	Stainland ...	2320	4246
G. C. Sharp ...	M.B., Ch.B. ...	Queensbury ...	1492	5763
H. Thorp ...	M.B., Ch.B., D.P.H. ...	Todmorden ...	12770	22223
†F. J. Dowdall ...	M.B., B.Ch. B.A.O. ...	Hebden Bridge ...	20977	11197
S. T. Henderson ...	M.B., Ch.B. ...	Mytholmroyd ...	6608	4467
<i>No. 9.—Spenn Valley Area.</i>				
H. Keighley ...	M.R.C.S., L.R.C.P. ...	Batley ...	3026	33200
†A. Dick ...	M.B., Ch.B., D.P.H. ...	Birstall ...	1435	8578
A. L. Mitchell ...	M.B., Ch.B. ...	Cleckheaton ...	1756	12500
H. D. Merrington ...	M.B., Ch.B. ...	Gildersome ...	992	3041
E. M. Whitehead ...	M.B., Ch.B. ...	Gomersal ...	2024	6586
J. Ewing ...	M.B., B.Ch. ...	Heckmondwike ...	696	8991
R. M. Beatty ...	M.B., Ch.B. ...	Liversedge ...	2136	14692
J. E. H. West ...	M.B., Ch.B. ...	Mirfield ...	3394	12099
*†W. S. Sykes ...	M.B., B.Ch., D.P.H. ...	Morley ...	3385	23397
†W. T. McCutcheon ...	M.B., Ch.B. ...	Ossett ...	3333	14838
†W. L. René Wood ...	M.R.C.S., L.R.C.P. ...			
<i>No. 10.—Lower Agbrigg Area.</i>				
†S. Reader ...	M.R.C.S., L.R.C.P. ...	Kirkhamgate ...	5471	11605
†J. J. Jackson ...	L.R.C.P., L.M., ...	Ardsley, E. and W. Thorpe ...		
A. M. Duff ...	M.B., Ch.B. ...	Crigglistone ...	5261	4949
††D. Bell ...	M.B., Ch.B., D.P.H. ...	Emley ...	8076	6516
C. H. Smith ...	M.B., Ch.B. ...	Flockton ...		
J. N. U. Russell ...	M.B., B.Ch., B.A.O. ...	Horbury ...	1280	7791
†M. Melvin ...	M.B., Ch.B. ...	Lofthouse ...	6239	19839
J. D. Bottomley ...	M.B., Ch.B. ...	and Stanley		
†F. T. G. Tocher ...	M.B., Ch.B. ...	Walton ...	2662	1521
D. Downie ...	M.B., Ch.B. ...	Altofts ...	3066	20664
††H. Scholefield ...	M.B., Ch.B. ...	Normanton ...		
N. S. Twist ...	M.B., Ch.B. ...	Sharlston and	4612	7014
†J. G. Munro ...	M.B., Ch.B. ...	Crofton		
*T. E. Lister ...	M.B., Ch.B. ...	Oulton ...	1178	4290
C. H. Seville ...	M.B., Ch.B. ...	Rothwell ...	3500	9300
†H. Stevenson ...	M.B., C.M. ...			
<i>No. 11.—Osgoldcross Area.</i>				
G. Burnett ...	M.B., Ch.B., F.R.C.S. ...	Pontefract ...	9939	20612
†J. Kehelly ...	M.B., B.Ch., B.A.O. ...	Knottingley ...	14411	9015
F. G. Creaser ...	M.B., Ch.B. ...	Hensall ...	5678	880
J. McCarthy ...	M.B., Ch.B. ...	Ferry Fryston ...	12423	10769
J. J. W. Campbell ...	L.R.C.P., L.R.C.S., L.R.F.P.S. ...	Castleford ...	3728	36582
†W. Steven ...	M.B., C.M. ...	Featherstone ...	4431	14952
E. W. L. White ...	M.B., Ch.B. ...	Methley ...	3493	4606
†*M. B. Taylor ...	M.R.C.S., L.R.C.P. ...	Hemsworth ...	4163	13001
T. C. A. Sweetnam ...	M.D., B.Ch. ...	Ackworth ...	8036	5523
E. M. Hime ...	M.B., Ch.B. ...	Smeaton ...	5504	866
J. Malloch ...	M.B., Ch.B. ...	Sth. Kirkby ...	7019	22334
E. J. H. Sullivan ...	M.D., M.Ch., L.M. ...	Ryhill ...	4297	6290
S. Hodgkinson ...	M.B., Ch.B., D.T.M. ...	Brierley ...	3413	8378
†J. L. Elliott ...	L.S.A., L.M.S.S.A. ...	Houghton ...	2318	3276
†W. F. L. Castle ...	M.B., Ch.B. ...			
<i>No. 12.—Goole and Selby Area.</i>				
†A. M. Erskine ...	M.D., B.Ch., D.P.H. ...	Goole ...	10123	21747
F. G. Creaser ...	M.B., Ch.B. ...	Snaith ...	13553	4681
W. Eardley ...	M.B., B.Ch. ...	Carlton ...	11902	1999
J. C. T. Crowden ...	M.B., Ch.B. ...	Swinefleet ...	8942	2207
O. L. Scarborough ...	M.R.C.S., L.R.C.P. ...	Adlingfleet ...	5425	391
		Selby and Cawood	26354	14007
<i>No. 13.—Don Valley Area.</i>				
†J. M. Hain ...	M.B., Ch.B. ...	Doncaster West (Arksey, etc.)	7983	18123
†W. L. Walker ...	M.B., Ch.B. ...			
*B. Lyons ...	M.D., B.Ch., D.P.H. ...			
H. F. Renton ...	M.D., B.S., M.R.C.S. ...	Arnthorpe ...	15190	11977
J. Malloch ...	M.B., Ch.B. ...	Askern ...	18035	9530
W. F. Ward ...	L.R.C.P., M.R.C.S. ...	Bawtry ...	7939	11947
†G. B. Kelly ...	M.B., Ch.B., B.A.O. ...	Bolton-on-Dearne ...	2325	14242
*J. K. T. Mills ...	M.B., Ch.B. ...	Thurnscoe ...	1254	10540
†F. J. Boyle ...	M.B., B.Ch., B.A.O. ...	Conisbrough ...	13117	28462
W. J. Maclure ...	M.B., Ch.B. ...	Hooton Pagnell ...	11915	1483
R. B. Radcliffe ...	M.B., Ch.B. ...	Adwick-le-Street ...	3605	20257
D. Malloch ...	M.B., Ch.B. ...			

*Public Vaccinator only.

†District Medical Officer only.

‡Medical Officer of Health (part time).

Name	Qualifications.	District.	Area. (acres)	Population. (approx.)
No. 13.—Don Valley Area—(contd.).				
†J. J. Huey ...	L.S.A., L.M.S.S.A. ...	Mexborough ...	4511	17184
†A. C. Lindsay ...	M.B., Ch.B. ...	Tickhill ...	12768	3137
C. D. Walker ...	M.B., Ch.B. ...	Hatfield ...	16188	7486
R. M. L. Anderson ...	M.B., Ch.B. ...	Stainforth ...	8806	9061
†J. M. Taylor ...	M.B., Ch.B., D.P.H. ...	Thorne ...	13425	14607
No. 14.—Staincross Area.				
G. N. McLaren ...	M.B., Ch.B. ...	Dodworth ...	5075	8197
†H. R. L. Allott ...	L.M.S.S.A. ...	Hoyland ...	1961	11860
H. N. Ritchie ...	L.R.C.P.I., L.M., L.R.C.S.I., L.M.	Hoyland Common	2999	10695
†H. A. L. Banham ...	L.R.C.P., L.R.C.S., ...	Worsborough ...	3288	7650
†R. Millar ...	M.B., Ch.B., D.P.H. ...	Darton ...	3968	8783
†J. C. Pickup ...	M.B., Ch.B., D.P.H. ...	Wombwell ...	3567	18117
†H. B. Pare ...	M.B., Ch.B. ...	Royston ...	5602	9823
†J. L. Elliott ...	L.S.A., L.M.S.S.A. ...	Cudworth ...	1746	9380
†W. F. L. Castle ...	M.B., Ch.B. ...	Darfield ...	2881	5411
J. Smail ...	M.B., Ch.B. ...	Grenoside ...	3537	6468
H. Sands ...	M.B., Ch.B. B.A.O. ...	Ecclesfield ...	2800	8950
J. A. R. Thompson ...	M.D., Ch.B. D.P.H. ...	Westnall ...	10573	4328
N. McPhail ...	M.B., Ch.B. ...	Bradfield ...	21727	4578
T. A. H. Smith ...	M.B., Ch.B. ...	Southey ...	700	600
A. E. Goldie ...	M.B., Ch.B. ...	Stocksbridge ...	5938	10235
†T. H. Easton ...	M.D., Ch.B. ...	Wortley ...	7839	2312
A. A. Masser ...	M.B., Ch.B. ...	Penistone ...	17182	7176
†R. N. Farrer ...	M.R.C.S., L.R.C.P. ...	Clayton West ...	6927	4298
F. L. Whincup ...	M.B., Ch.B. ...	Cawthorne ...	8778	4815
No. 15.—Upper Agbrigg Area.				
†J. A. Stephens ...	M.R.C.S., L.R.C.P. ...	Kirkburton ...	6987	8424
†D. Bell ...	M.B., Ch.B., D.P.H. ...	Skelmanthorpe ...	4158	6685
†M. M. Dey ...	M.B., Ch.B. ...	Shepley ...	7936	7645
W. D. Galloway ...	M.R.C.S., L.R.C.P. ...	Holmfirth ...	8993	5246
*E. Trotter ...	M.B., Ch.B. ...	Holmfirth ...	4641	7084
††T. S. Davy ...	M.B., Ch.B. ...	Honley ...	1977	4745
†W. H. Smailes ...	M.D., Ch.B., D.P.H. ...	Meltham ...	6858	7910
P. MacGirr ...	M.B., Ch.B. ...	Slaithwaite ...	5439	9252
R. N. Kirk ...	M.B., Ch.B. ...	Golcar ...	2456	15824
S. Hall ...	M.B., Ch.B., B.A.O. ...	Marsden ...	8633	5720
G. R. Aspinwall ...	M.R.C.S., L.R.C.P. ...	Kirkheaton ...	1674	2610
S. Prior ...	M.B., C.M. ...	The whole of the area covered by the former Saddleworth Union	18485	17410
††H. Ramsden ...	M.D., Ch.B., D.P.H. ...			
†A. S. Bruzard ...	M.R.C.S., L.R.C.P. ...			
J. Loftus ...	M.B., Ch.B. ...			
J. G. Oliver ...	M.B., Ch.B. ...	Kiveton Park ...	20070	17034
†P. B. Wood ...	M.B., Ch.B. ...			
No. 16.—Rother Valley Area.				
H. M. Mills ...	M.B., Ch.B. ...	Wentworth ...	2328	1729
C. J. H. Aitken ...	M.D., C.M. ...	Swinton ...	1730	13820
†T. Crowley ...	L.R.C.P., L.R.C.S. ...	Wath-on-D. ...	4954	17089
D. P. K. Jockel ...	M.B., Ch.B. ...	Rawmarsh ...	2550	18570
D. N. Ryalls ...	L.M.S.S.A. ...	Greasboro' ...	2413	3599
G. H. Sedgwick ...	M.R.C.S., L.R.C.P. ...	Dalton ...	4351	9249
†W. L. Dibb ...	M.B., Ch.B., D.P.H. ...	Maltby ...	9259	14929
G. S. L. Kemp ...	M.R.C.S., L.R.C.P. ...	Thurcroft ...	8945	10245
†J. S. Shirlaw ...	M.B., Ch.B. ...	Brinsworth and Catcliffe ...	6904	9151
†T. B. Johnstone ...	L.R.C.P., L.R.C.S. ...			
†K. Mackenzie ...	M.B., Ch.B. ...			
J. N. Clark ...	L.R.C.P., L.R.C.S. ...			
R. G. Selby ...	M.B., C.M. ...			

* Public Vaccinator only.

† District Medical Officer only.

‡ Medical Officer of Health (part time).

List of Vaccination Officers Serving Administrative Area.

Name of Officer.	District Served	Area in Acres.	Population.
<i>Area No. 1—Ewecross.</i>		(approx.)	(approx.)
W. Roberts	Bowland Rural	73833	4271
Mrs. M. A. Hargreaves	Bashall Eaves	7838	1178
J. Peters	Mitton	1727	181
G. Kayley	Garsdale	11068	410
W. Batty	Dent and Sedbergh	41606	3159
W. Slinger	Bentham	59611	6734
C. Parker	Settle and Long Preston	92396	8012
<i>Area No. 2—Staincliffe.</i>			
G. J. Harker	Grassington	27355	2555
S. H. Day	Kettlewell	33147	690
G. D. Hunt	Gargrave	17757	1819
J. E. Attack	Addingham	20785	2761
D. Slater	Kildwick	20379	12058
Do.	Skipton	19112	14765
Do.	Barnoldswick	20726	19035
<i>Area No. 3.—Claro.</i>			
T. C. Crawhall	Great Ouseburn	45969	13276
J. Clark	Knaresborough	18838	9174
Mrs. M. E. Bowes	Harrogate	22410	45850
T. Millward	Pateley Bridge	75071	7065
F. S. Metcalfe	Ripon	51602	13785
<i>Area No. 4.—Barkston Ash.</i>			
W. Bortoft	Tadcaster	44911	11060
W. Wormald	Aberford	27482	23100
S. C. Mellor	Wetherby	64638	16448
R. A. Wilkinson	Bishopthorpe	6411	2933
<i>Area No. 5—Skyrack.</i>			
G. C. Clarke	Horsforth	5758	17014
H. Wood	Ilkley	48757	32821
M. Rennard	Guiseley	10126	22488
<i>Area No. 6.—Worth Valley.</i>			
J. A. Sharp	Keighley	15472	48580
Miss A. Hartley	Bingley	12773	21424
W. H. Ogden	Haworth	8560	8673
L. M. Greenwood	Wilsden	2638	3000
<i>Area No. 7.—East Morley.</i>			
C. W. Calverley	Farsley	2927	9813
H. Darnborough	Drighlington	1135	4064
L. M. Greenwood	Denholme	2536	2662
A. Hotchin	Pudsey	2399	14762
L. Clough	Shipley	2182	30243
F. Higginson	Hunsworth	1381	1318
<i>Area No. 8.—Calder.</i>			
J. H. Hindle	Todmorden	40355	37887
F. Madders	Brighouse	12544	40520
A. Sutcliffe	Sowerby	26079	44313
<i>Area No. 9.—Spēn Valley.</i>			
W. H. Holt	Batley	6485	49099
Miss G. Wormald	Gildersome	992	3044
H. Jackson	Heckmondwike	2832	23295
E. R. Brearley	Mirfield	3394	12114
Miss E. W. Haigh	Morley	3385	23396
J. Terry Smith	Ossett	3333	14838
F. Higginson	Cleckheaton	1756	12136
<i>Area No. 10.—Lower Agbrigg.</i>			
W. Town	Horbury and Normanton	41345	93489
<i>Area No. 11.—Osgoldcross.</i>			
Mrs. L. I. Dodsworth	Hemsworth East	34750	59668
I. Scott	Hemsworth West		
W. Town	Pontefract	54103	97416
<i>Area No. 12.—Goole and Selby.</i>			
H. S. Miller	Goole	38043	29026
W. B. Weaver	Selby	38256	16006
<i>Area No. 13.—Don Valley.</i>			
F. Grisedale	Bolton-on-Deerne	21587	28491
Do.	Mexborough	7906	35361
A. J. Thorsby	Tickhill	42973	36651
J. Thurgood	Adwick-le-Street	26176	46379
H. E. Newton	Thorne	38419	31154
<i>Area No. 14.—Staincross.</i>			
E. Hammerton	Darton and Darfield	21572	70508
W. Taylor	Worsborough	7250	17039
B. J. B. Marsden	Stocksbridge	38238	19141
J. J. Taylerson	Wortley	8082	3142
H. Dowson	Ecclesfield	7037	16018
H. Redfearn	Penistone	35109	17828

Name of Officer.	District Served	Area in Acres	Population.
<i>Area No. 15.—Upper Agbrigg.</i>			
E. Firth	Colne and Holme	59752	81145
A. Smith	Saddleworth	16930	12577
Miss J. Lees	Springhead	1555	4833
<i>Area No. 16.—Rother Valley.</i>			
F. S. Butcher	Rotherham Rural	8880	14312
W. J. Blyth	Rawmarsh	4963	22169
G. C. Hearn	Maltby	20037	29262
T. H. Harrison	Wath-on-Dearne	9012	32638
C. F. Airey	Kiveton Park	20070	17034

**County Public Assistance Institutions.
Medical and Nursing Staffs.**

Name of Hospital.	Medical Officer (part-time)	Qualifications.	Number of Nursing Staff.
Settle	B. S. Hyslop	M.B., CH.B.	4
Skipton	W. H. Robinson	M.B., CH.B.	9
Great Ouseburn	J. M. Benson	M.B., CH.B.	2
Knaresborough	H. Steinbach	M.R.C.S., L.R.C.P.	16*
Ripon	S. Hey	M.R.C.S., L.R.C.P.	4
Tadcaster	J. P. Scatchard	M.B., B.S., M.R.C.S., L.R.C.P.	4
Wetherby	J. A. Hargreaves	M.B., C.M.	2
Otley	W. H. Galloway	M.R.C.S., L.R.C.P.	7
Keighley	T. L. Walker	M.B., CH.B.	39*
	Consultants—part time, called by M.O. as required		
	H. C. Ling	M.R.C.S., L.R.C.P.	
	W. H. G. M. Ling	M.R.C.S., L.R.C.P.	
Clayton, Bradford	W. Cunliffe	L.R.C.P., L.R.C.S.	34*
Todmorden	H. Thorp	M.B., CH.B., D.P.H.	7*
Batley	J. J. O'Reilly (temporary) (whole-time resident)	M.B., B.CH., F.R.C.S.E., D.P.H.	71*
	R. Herley (Ophthalmic Surgeon)	L.R.C.P., L.R.C.S.	
Wakefield	J. W. Thomson	M.B., C.M.	38
	J. B. Lyle (Visiting Physician)	M.D., CH.B., B.A.O.	
	L. T. Wells (Consultant for Ears, Eyes, Nose and Throat)	M.R.C.S., L.R.C.P.	
Hemsworth	T. C. A. Sweetnam	M.D., B.CH., B.A.O.	12
Pontefract	G. Burnett	M.B., CH.B., F.R.C.S.	23*
Goole	A. M. Erskine	M.D., CH.B., B.A.O., D.P.H.	5
Selby	O. L. Scarborough	M.R.C.S., L.R.C.P.	6
Penistone	A. A. Masser	M.B., CH.B.	5
Grenoside	A. Anderson	M.B., C.M., D.P.H.	11
Saddleworth	J. Loftus	M.B., CH.B.	2

* Includes Male Attendants.

PART I.

GENERAL PUBLIC HEALTH.

Summary of Vital Statistics—1933.

AREA of Administrative County	...	...	...	...	...	1,625,058 acres.
ESTIMATED RESIDENT POPULATION	...	...	...	...	...	1,536,100
(For purposes of Birth and Death Rates)						
POPULATION at 1931 Census	...	...	...	...	...	1,530,405
SANITARY DISTRICTS, 147, namely :—11 Boroughs.						
(See Table I., folded in at page 14)						
108 Urban Districts.						
28 Rural Districts.						

The Vital Statistics for the Administrative County for the decennia 1912—21 and 1922—31, and for the years 1932 and 1933 are summarised as follow :—

					Averages for 10 years :—			
					1912-21	1922-31	1932	1933
Birth Rate					22.1	18.6	15.8	15.0
(per 1,000 estimated population.)								
Death Rates :—								
All Causes	...	...	...	...	14.1	12.3	12.1	12.2
Zymotic	...	...	...	...	1.08	0.46	0.39	0.30
Phthisis	...	...	...	...	0.82	0.65	0.52	0.49
(Tuberculosis of Respiratory System.)								
Other Forms of Tuberculosis	...	...	...	...	0.37	0.23	0.17	0.14
Respiratory Diseases	...	...	...	...	2.55	1.93	1.33	1.36
Cancer	...	...	...	...	1.03	1.25	1.46	1.42
Heart Disease	...	...	...	...	1.42	1.84	2.55	2.58
(Death rates are all per 1,000 estimated population.)								
Infantile Mortality	...	...	...	...	104	77	70	70
(i.e., Number of deaths under one year per 1,000 births.)								

Area.

No change took place in the area of the Administrative County or that of any of the County Districts during the year 1933. The area of each County District is shown in the Table folded in at page 14.

Births.

During the year 1933, 23,084 live births were registered (males 11,769, females 11,315) in the Administrative County Area, yielding a rate of 15.0 per 1,000 of the estimated population. This is a decrease of 0.8 per 1,000 on the rate for 1932, and of 1,235 in the actual number of births registered. The birth rate for England and Wales for the year 1933 was 14.4 per 1,000, and the average birth rate for the County during the 10 years 1923-32, 18.1 per 1,000.

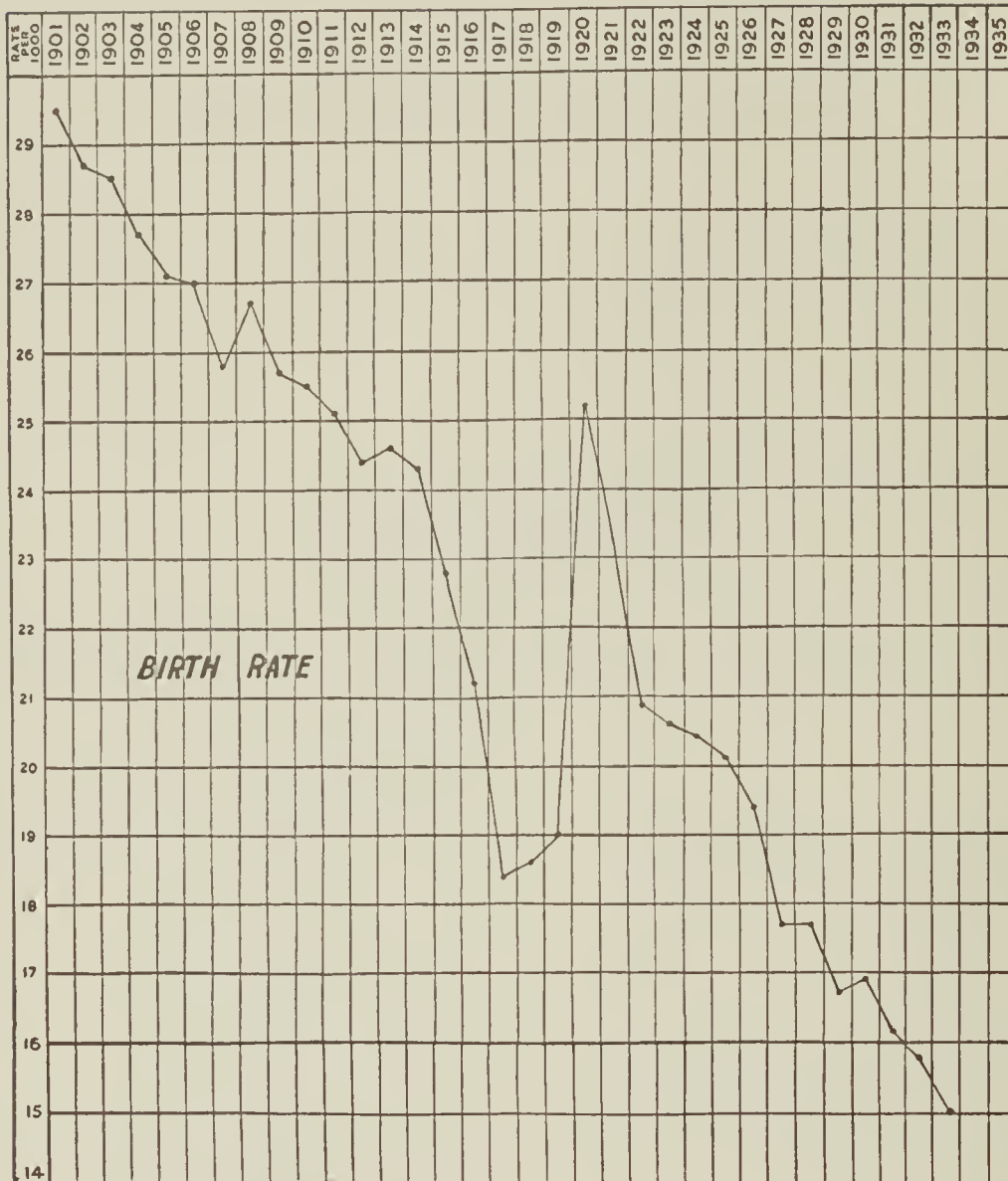
The tables on the following pages show the annual birth rates for the past 10 years, and the averages over a number of quinquennial periods, and also provide a number of other interesting comparisons, whilst the chart on page 12 shows the trend of the rate since 1901.

Reference should be made to the table folded in at page 14 which gives the rates for every sanitary district in the Administrative County. It will be noted therefrom that the following districts had the highest rates during the year 1933—Adwick-le-Street 20.9, Conisbrough 21.1, Cudworth 20.7, Dodworth 22.2, Featherstone 20.0, Hemsworth 22.5, Knottingley 20.1, Maltby 24.1, Thurnscoe 20.9, Doncaster R. 20.2, Hemsworth R. 20.6, Thorne R. 23.1. The districts having the lowest birth rates were Burley-in-Wharfedale 6.0, Calverley 9.5, Denby and Cumberworth 9.7, Greetland 8.8, Linthwaite 8.8, Mytholmroyd 9.7, Saddleworth 9.2, Skelmanthorpe 8.5, Soyland 8.3, Todmorden R. 9.9.

The number of still-births registered in the County Area during the year 1933 was 1,143.

West Riding Administrative County.

Birth Rate for the 33 years 1901—1933.



Deaths.

During the year 1933 there were 18,768 deaths registered as belonging to the Administrative County, this number being arrived at after making corrections for inward and outward transfers. The sex distribution was 9,346 males and 9,422 females. The County death rate for the year under review was 12.2 per 1,000 of the estimated population, compared with 12.1 for the year 1932 and 12.3 for the 10 years 1922-1931. The death rate for England and Wales for the year 1933 was 12.3 per 1,000. The death returns for the County have been analysed in detail in the tables on Pages 14 to 19, and the mortality statistics for each district in the County are shown in the tables folded in at page 14.

In no less than 71 sanitary districts the death rate was in excess of the birth rate. The highest death rates during 1933 were recorded in the following districts—Birstall 16.1, Earby 16.3, Garforth 16.9, Haworth 17.4, Mytholmroyd 18.1, Queensbury 17.3, Silsden 16.7, Soyland 19.0, Stainland 18.5 and Todmorden B. 16.0.

The following districts registered the lowest death rates—Adwick-le-Street 8.3, Bentley-with-Arksey 9.0, Bolton-upon-Deane 9.7, Denby and Cumberworth 10.0, Hoyland Nether 8.7, Maltby 9.4, Mexborough 9.7, Stanley 9.7, Thurnscoe 9.4, Doncaster R. 8.6, Goole R. 9.9, Gt. Ouseburn R. 9.9, Hemsworth R. 9.6, Kiveton Park R. 9.4, Penistone R. 9.6, Wortley R. 9.7.

During the year 1933 the County Health Department distributed under the Registrar General's scheme, 4,226 transferable death slips to the district of usual residence.

West Riding Administrative County.

Death Rate for the 33 years 1901—1933.



Mortality at Different Ages from the Various Causes.

The following table shows the mortality, in age groups, from the various causes in the West Riding Administrative County during 1933.

CAUSES OF DEATH	AGE AT DEATH											Total (net deaths)
	Under 1 year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and under 75	75 and up- wards	
1. Typhoid and paratyphoid fevers ...				1	2	4	2	1	1	1	1	13
2. Measles ...	4	22	19	6								51
3. Scarlet fever ...		2	13	9	1							25
4. Whooping Cough ...	42	41	22	2								107
5. Diphtheria ...	2	1	36	78	1	1	2		1			122
6. Influenza ...	44	19	34	22	46	63	113	129	159	171	187	987
7. Encephalitis Lethargica ...			1	3	3	6	6	7	3	2		31
8. Cerebro-spinal fever ...	7	9	10	19	6	6	6	2				65
9. Tuberculosis of respiratory system ...		2	10	17	166	177	136	124	87	24	2	745
10. Other Tuberculous diseases ...	13	22	33	36	31	34	13	12	9	14	1	218
11. Syphilis ...	10			1		5	4	6	6	9		41
12. General paralysis of the insane, tabes dorsalis ...					1		22	14	16	9	1	63
13. Cancer, malignant disease ...		4	1	3	8	35	128	331	628	678	362	2178
14. Diabetes ...		1	2	5	16	11	8	27	79	104	40	293
15. Cerebral haemorrhage, etc. ...					1	5	13	71	220	436	390	1136
16. Heart disease ...	1	1	1	36	66	72	154	334	764	1313	1215	3957
17. Aneurysm ...				1	2	2	5	7	8	7	7	39
18. Other circulatory diseases ...	1	1		1		2	4	35	118	369	465	996
19. Bronchitis ...	71	14	7	3	6	8	18	58	106	185	306	782
20. Pneumonia (all forms) ...	279	121	100	51	39	50	76	93	125	114	92	1140
21. Other respiratory diseases ...	3	4	5	7	4	5	20	28	34	28	30	168
22. Peptic Ulcer ...				2		12	22	30	34	22	5	127
23. Diarrhoea, etc. ...	124	16	12	8	4	2	3	12	6	9	16	212
24. Appendicitis ...			3	21	18	11	11	21	20	9	4	118
25. Cirrhosis of liver ...							2	4	17	9	4	36
26. Other diseases of liver ...					1	7	10	16	32	55	24	145
27. Other digestive diseases ...	30	8	12	22	12	19	15	43	62	56	43	322
28. Acute and chronic nephritis ...	1	1	4	20	14	30	55	86	168	209	102	690
29. Puerperal Sepsis ...					5	32	11					48
30. Other puerperal causes ...					16	43	35	2				96
31. Congenital debility, premature birth, malformations, etc. ...	839	10	5	4						1		859
32. Senility ...										101	492	593
33. Suicide ...					11	20	40	46	43	32	8	200
34. Other violence ...	25	11	42	68	109	93	55	66	76	62	57	664
35. Other defined diseases ...	118	23	25	67	90	86	129	179	244	345	178	1484
36. Causes ill-defined, or unknown ...	1	1		1				1	4	3	6	17
ALL CAUSES ...	1615	334	397	514	679	841	1118	1785	3070	4377	4038	18768
AGE AND SEX DISTRIBUTION OF THE NET DEATHS												
URBAN DISTRICTS:—												
Males ...	610	127	150	190	237	300	401	702	1286	1656	1246	6905
Females ...	473	104	136	168	239	316	426	642	1136	1700	1693	7033
Persons ...	1083	231	286	358	476	616	827	1344	2422	3356	2939	13938
RURAL DISTRICTS:—												
Males ...	299	50	57	80	108	120	145	239	327	537	479	2441
Females ...	233	53	54	76	95	105	146	202	321	484	620	2389
Persons ...	532	103	111	156	203	225	291	441	648	1021	1099	4830
WEST RIDING ADMINISTRATIVE COUNTY:—												
Males ...	909	177	207	270	345	420	546	941	1613	2193	1725	9346
Females ...	706	157	190	244	334	421	572	844	1457	2184	2313	9422
Persons ...	1615	334	397	514	679	841	1118	1785	3070	4377	4038	18768

West Riding Birth and Death Rates for Ten Years.

The following table shows the County Birth and Death Rates for the past 10 years:—

	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
Birth Rate ...	20.4	20.1	19.4	17.7	17.7	16.7	16.9	16.1	15.8	15.0
Death-rate ...	12.8	12.3	11.6	12.6	11.5	13.6	11.4	12.4	12.1	12.2
Infant Mortality* ...	83	81	73	79	62	89	65	74	70	70
Zymotic Death-rate ...	0.48	0.53	0.46	0.51	0.28	0.54	0.33	0.38	0.39	0.30
Death rates from:—										
Small pox ...	Nil	Nil	Nil	0.01	0.01	0.00	0.00	Nil	Nil	Nil
Scarlet Fever ...	0.02	0.03	0.02	0.02	0.02	0.05	0.03	0.02	0.01	0.02
Diphtheria ...	0.05	0.05	0.06	0.04	0.06	0.08	0.09	0.10	0.08	0.08
Enteric Fever ...	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.01	0.02	0.01
Measles ...	0.10	0.14	0.05	0.21	0.05	0.10	0.06	0.11	0.10	0.03
Whooping Cough ...	0.13	0.13	0.16	0.11	0.04	0.18	0.05	0.05	0.09	0.07
Diarrhoea, &c.† ...	8.01	8.23	7.41	5.63	5.53	6.96	4.59	5.10	6.00	6.07
Respiratory Diseases ...	2.43	2.15	1.78	2.12	1.46	2.22	1.35	1.64	1.33	1.36
Phthisis ...	0.70	0.70	0.62	0.65	0.61	0.66	0.57	0.57	0.52	0.49
Other Tuberculous Diseases ...	0.25	0.26	0.22	0.21	0.22	0.21	0.20	0.16	0.17	0.14

* Deaths under one year per 1,000 births.

† Deaths under two years of age per 1,000 births.

Births, Deaths, Annual Rates, etc., 1933.

SANITARY DISTRICT.	AREA (Acres).	ESTIMATED POPULATION 1933.	BIRTHS (Nett).	DEATHS (Nett).	Deaths under one year.	Annual Rates per thousand of Estimated Population						Rate of Infant Mortality (Deaths under 1 year per 1,000 Births).	MEDICAL OFFICER OF HEALTH.
						Birth Rate	Nett Death Rate.	Zymotic Death Rate.	Phthisis Death Rate.	Other Tuberculous Diseases Death Rate.	Respiratory Death Rate.		
1	2	3	4	5	6	7	8	9	10	11	12	13	14
I. URBAN.													
Adwick-le-Street	3605	20170	422	168	38	20.9	8.3	0.05	0.40	0.05	1.39	90	A. B. Dunne.
Altofts	1838	4874	70	59	6	14.4	12.1	0.62	0.82	—	2.26	86	H. Scholefield.
Ardsley, East and West	4017	9148	116	123	6	12.7	13.4	0.44	0.66	0.11	2.73	52	B. G. Ewing.
Baildon	2606	8927	114	109	7	12.8	12.2	0.45	0.22	0.11	0.67	61	E. G. Firth.
Barkisland	2424	1509	22	17	1	14.6	11.3	—	—	—	1.99	45	A. J. W. Stephen.
Barnoldswick	2764	11590	118	148	6	10.2	12.8	—	0.35	0.17	0.78	51	H. C. Alderton.
Batley M.B.	3227	34040	447	503	25	13.1	14.8	0.59	0.32	0.15	1.79	56	G. H. Pearce.
Bentley-with-Arksey	5128	16440	285	148	16	17.3	9.0	0.12	0.30	0.30	1.16	56	A. B. Dunne.
Bingley	11675	21210	301	277	16	14.2	13.1	0.05	0.47	—	1.04	53	O. T. Wade.
Birkenshaw	924	2991	39	45	1	13.0	15.0	0.33	0.33	—	0.67	26	J. G. Brenner.
Birstall	1234	7033	105	113	5	14.9	16.1	0.43	0.14	0.14	1.71	48	A. Dick.
Bolton-upon-Dearne	2325	14090	251	136	15	17.8	9.7	0.57	0.71	0.07	0.92	60	J. K. W. Morris.
Brighouse M.B.	2231	19670	205	278	10	10.4	14.1	0.20	0.61	0.15	1.68	49	J. B. Samson.
*Burley-in-Wharfedale	3136	4028	23	50	2	6.0	13.1	0.26	0.52	0.26	0.26	87	H. T. Bates.
Calverley	2106	3572	34	49	2	9.5	13.7	—	0.28	—	1.40	59	N. Hughes.
Castleford	564	21320	373	280	26	17.5	13.1	0.70	0.61	0.28	2.20	70	W. Kemp.
Clayton West	1142	1807	10	25	2	5.5	13.8	—	0.55	—	1.66	200	R. N. Farrer.
Conisbrough	1593	18140	382	227	50	21.1	12.5	1.05	0.44	0.17	3.03	131	J. McArthur.
Cudworth	1746	9576	198	107	17	20.7	11.2	0.63	1.04	0.31	1.57	86	J. L. Elliott.
Darfield	2018	5247	89	65	9	17.0	12.4	0.38	0.57	0.19	2.29	101	W. F. Castle.
Darton	4361	12750	239	144	20	18.7	11.3	0.39	0.47	—	1.33	84	R. Millar.
Denby and Cumberworth	4302	3289	32	33	1	9.7	10.0	0.91	—	—	1.22	31	G. H. Arnison.
Denholme	2536	2610	29	42	3	11.1	16.1	0.38	—	0.38	—	103	D. W. N. Blackmore
Dodworth	1917	4227	94	43	9	22.2	10.2	—	—	0.24	0.95	96	G. Horne.
Drighlington	1135	4174	64	55	3	15.3	13.2	0.24	0.24	—	1.20	47	W. S. Sykes.
Earby	3519	5344	55	87	3	10.3	16.3	0.19	0.37	0.75	1.31	55	A. Falconer.
Elland	1994	10470	117	156	7	11.2	14.9	—	0.57	—	1.24	60	R. N. Denning.
Emley	3556	1610	73	14	1	5.6	8.7	—	—	0.62	0.62	111	J. A. Smith.
Farsley	821	6441	73	81	3	11.3	12.6	—	0.16	—	2.02	41	T. H. Elmer.
Featherstone	4431	14720	294	202	25	20.0	13.7	0.48	0.68	0.68	1.90	85	W. Steven.
Flockton	1108	1519	23	15	—	15.1	9.9	—	1.32	—	1.32	—	J. A. Smith.
Garforth	1519	3603	53	61	8	14.7	16.9	1.94	0.28	0.28	2.78	151	C. C. Hargreaves.
Gildersome	992	3028	41	48	4	13.5	15.9	0.33	—	0.33	1.32	98	W. S. Sykes.
Golcar	1593	9632	101	131	6	10.5	13.6	0.31	0.21	—	1.14	59	R. T. E. Naismith.
Goole M.B.	1267	20270	356	248	27	17.6	12.2	0.25	0.59	0.25	1.73	76	A. M. Erskine.
Greasbrough	2413	3611	41	37	1	11.4	10.2	0.28	—	—	1.11	25	F. C. Collinson.
Greetland	626	4327	38	65	5	8.8	15.0	0.23	0.46	—	2.77	132	F. Clegg.
Guiseley	1555	5777	100	85	4	17.3	14.7	0.35	0.87	—	1.21	40	A. J. I. Muschamp
Gunthwaite & Ingbirchworth	2057	327	4	8	1	12.2	24.5	—	—	—	—	250	G. H. Arnison.
Harrogate M.B.	3277	38850	452	565	21	11.6	14.5	0.18	0.51	0.05	1.52	46	J. Mair.
Haworth	2337	5738	60	100	5	10.5	17.4	0.17	0.52	0.17	0.35	83	W. Scatterry.
Hebden Bridge	476	6260	75	85	3	12.0	13.6	—	—	—	1.44	40	F. J. Dowdall.
Heckmondwike	696	8974	103	125	12	11.5	13.9	0.56	0.45	0.11	1.67	116	G. H. Pearce.
Hemsworth	4163	13170	296	134	19	22.5	10.2	0.53	0.46	—	1.67	64	M. B. Taylor.
Hipperholme	1196	5348	59	80	3	11.0	15.0	—	1.31	0.19	0.94	51	J. B. Samson.
Holme	3464	351	4	5	—	11.4	14.2	—	—	2.85	2.85	—	T. S. Davy.
Holmfirth	8493	10190	122	133	9	12.0	13.1	0.20	0.49	0.10	0.69	74	T. S. Davy.
Honley	1890	4501	54	70	—	12.0	15.6	0.44	0.44	—	0.44	—	T. S. Davy.
Horbury	1280	7811	111	96	12	14.2	12.3	0.38	0.51	—	0.90	108	H. L. Neil.
Horsforth	2800	12010	154	134	7	12.8	11.2	—	0.25	0.08	0.83	45	H. Bailey.
Hoyland Nether	2087	15090	273	132	16	18.1	8.7	0.07	0.27	0.13	1.13	59	H. R. L. Allott.
Hoylandswaine	2026	789	13	6	—	16.5	7.6	—	—	—	1.27	—	A. G. Wilson.
Hunsworth	1381	1320	9	15	1	6.8	11.4	—	—	0.76	1.52	111	J. G. Bremner.
Ilkley	4533	9376	103	114	2	11.0	12.2	—	—	0.21	0.43	19	H. T. Bates.
Keighley M.B.	3902	40390	502	597	32	12.4	14.8	0.07	0.57	0.12	1.58	64	H. M. Holt.
Kirkburton	1289	3148	37	50	2	11.8	15.9	—	0.32	—	0.95	54	J. A. Stephens.
Kirkheaton	1674	2604	33	32	1	12.7	12.3	—	—	—	0.38	30	J. E. Taylor.
Knarborough	609	5997	84	91	3	14.0	15.2	0.17	0.33	—	1.33	36	D. F. Dobson.
Knottingley	1484	7024	141	84	18	20.1	12.0	0.43	0.85	0.28	1.85	128	J. Kehelly.
Lepton	1862	3203	35	34	1	10.9	10.6	—	0.31	0.31	0.31	29	A. Tait.
Linthwaite	1323	9409	83	114	8	8.8	12.1	0.32	0.74	0.11	1.17	96	R. T. E. Naismith.
Luddenden Foot	765	2859	43	33	2	15.							

Causes of Death, 1933.

DEATHS FROM SUBJOINED CAUSES.

DISTRICT. SANITARY		DEATHS FROM SUBJOINED CAUSES.																																					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37			
Typhoid and Paratyphoid Fevers.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Cerebro-Spinal Fever.	Tuberculosis of Respiratory System.	Other Tuberculous Diseases.	Syphilis.	Gen. Paralysis of Insane, Tabes Dorsalis.	Cancer, Malignant Disease.	Diabetes.	Cerebral Hæmorrhage, etc.	Heart Disease.	Aneurysm.	Other Circulatory Diseases.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Peptic Ulcer.	Diarrhoea, etc. (under 2 years).	Appendicitis.	Cirrhosis of Liver.	Other Diseases of Liver, etc.	Other Digestive Diseases.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other Puerperal Causes.	Congenital Debility, Premature Birth, Malformations, etc.	Senility.	Suicide.	Other Violence.	Other Defined Diseases.	Causes ill-defined or unknown.				
I. URBAN.																																							
Adwick-le-Street					25		1	8		1		1	16	3	6	9	1	4	13	14	1	4									17	3	3	15	12	2			
Altofts	2				5			4					5	1	4	7		4	4	6	1	1					5	1			3	1	1	1	6				
Ardley, East and West					3			6	1				11	2	7	18		7	4	17	4	1					2	2			1	9	1	4	2	9			
Baldon			1		7			2	1				12		6	31		12	2	4	1	2					2	2			1	1	1	1	1				
Barkisland					1								2		3	4		1		3															1				
Barnoldswick					10		1	4	2				21	1	8	42		11	4	5					1	2	3	7			1	1	3		3	14			
Batley M.B.	1	5	2	2	8	14	2	1	11	5		1	61	5	35	134		42	29	29	3	1	2	1	1	3	6	19	3		9	5	5	15	44				
Bentley-with-Arksey			1		1	14		1	5	5			19	2	7	27	3	4	4	14	1	1				3	4	15		1	12	9	5	8	25				
Bingley					1	12	1		10			2	35	5	14	78		11	7	15	6	2				3	4	15		1	1	1	1	2	4	1			
Birkenshaw					1	6			1	1			6	1	2	9		2	1	1	1					2	2	2	1		1	1	1	1	2	9			
Birstall		1			1	11			1	1			11	1	8	26		9	6	6	1	1		1	1	1	1	5		4	2	2	5	9					
Bolton-upon-Dearne			1	6		12	1	2	10	1	1		24	1	8	15		8	4	9	1	1	1	2	1	1	3	1		7	3	4	3	7	1				
Brighouse M.B.	1		1	1	1	10			12	3	2	2	35	7	22	61		22	11	19	3	2				1	1	2	12		1	1	1	1	1				
Burley-in-Wharfedale			1			3			2	1			12		1	17		4	1	1	1	2				1	1	2		1	2	1	1	3	4	1			
Calverley													9		5	11		3	4	1	1																		
Castleford	1	6	1		4	10	1	2	13	6	3	1	22	10	11	62		4	18	28	1		3	2		5	4	9	2		13	6	3	11	16	2			
Clayton West															2	3		3	1	2																			
Conisbrough		3	5	2	24	5		8	3		1	1	19	3	3	29		1	14	37	4	1	9				1	9	1	1	19	2	2	10	11				
Cudworth		3		1	1	4		2	10	3		1	16	3	7	11		1	4	10	1	1	1	1	1	1	6	3	1		7	5	1	4	6				
Darfield					2	2			3	1			7	2	2	10			3	9	1					1	1	3	1		1	1	1	1	4	6			
Darton					4	3	1	1	6				17	3	6	32		6	2	12	3		1	2			3	1		14	6	2	5	12					
Denby and Cumberworth	1		1		1	1							6	1	1	11		2	2	2										2	5	2	1	3					
Denholme					1	1							3		5	11		2		3		1									7	2	1	2					
Dodworth						4						1	7	1	1	9		2		4						1	1				2		2	2					
Drighlington		1				4			1				10	2	3	8		2	2	3		1			1	1	1	4			7	2	5		2	2			
Earby					1	2			2	4			13	1	5	28		5	2	4	1	1					1	1	1			2		2		11			
Elland						7			6				25	5	10	37		4	9	4					1	1	3	4	8		1	4	11	3	3	10			
Emley															2	3		1	1								1	1			4		1		1				
Farsley						3	1		1				11	2	7	17	1	11	5	6	2	1			1		1				1	3	1	2	4				
Featherstone		4			3	10		3	10	10			21	6	13	36		1	18	9	1	1			2	1		2	4		12	8	2	2	17				
Flockton								2					1		1	1			1																				
Garforth			2		2	5		1	1	1			4		5	8		4	5	5							2	3			3	1	2	4					
Gildersome						1							6		6	13			3	1							2	1			4	3	1	5	9				
Golcar					3	6		1	2			2	14	5	1	38		1	8	3	3	1					2	8		3	1	9	1	5	9				
Goole M.B.			2		8		1	12	5	1		1	23	5	24	48		1	3	11	22	2	3	1	3	1	1	3	7	1	1	11	9	4	11	21			
Greasbrough			1		1								5		4	9		1	3	1	2	1						1	1		1	1	1	5					
Greetland					1	2			2		1	1	10	1	2	11			3	9							1	4			3	2	2	1	9				
Guiselley				1		9			5			1	15	2	2	19			5	3	3	1																	

Average Birth and Death Rates from 1913 to 1932.

The following table gives the average rates for quinquennial periods (compared with the rates for 1933) for the Urban and Rural Districts of the Administrative County, and for the Administrative County as a whole.

	Urban Districts					Rural Districts					Administrative County				
	Quinquennial Periods				Year 1933 for comparison	Quinquennial Periods				Year 1933 for comparison	Quinquennial Periods				Year 1933 for comparison
	1913-17	1918-22	1923-27	1928-32		1913-17	1918-22	1923-27	1928-32		1913-17	1918-22	1923-27	1928-32	
Birth Rate	21.2	20.6	18.7	15.7	14.4	24.6	23.8	22.3	19.2	16.6	22.1	21.4	19.6	16.7	15.0
*Infant Mortality ...	110	96	81	71	69	106	95	76	74	72	109	96	80	72	70
Death Rates:—															
All Causes	14.3	14.1	12.6	12.6	12.8	13.5	13.4	11.5	11.2	10.8	14.1	13.9	12.3	12.2	12.2
Zymotic Diseases	1.18	0.85	0.50	0.35	0.27	1.27	0.96	0.51	0.47	0.37	1.21	0.88	0.50	0.38	0.30
Smallpox	0.00	0.00	0.00	0.00	Nil	0.00	Nil	0.00	0.00	Nil	0.00	0.00	0.00	0.00	Nil
Scarlet Fever ...	0.05	0.02	0.02	0.03	0.02	0.05	0.03	0.03	0.02	0.01	0.05	0.02	0.03	0.03	0.02
Diphtheria	0.18	0.11	0.05	0.07	0.08	0.11	0.11	0.04	0.10	0.08	0.16	0.11	0.05	0.08	0.08
Enteric Fever ...	0.06	0.04	0.02	0.02	0.01	0.07	0.03	0.02	0.02	0.01	0.06	0.04	0.02	0.02	0.01
Measles	0.31	0.26	0.13	0.07	0.04	0.33	0.26	0.13	0.10	0.02	0.31	0.26	0.13	0.08	0.03
Whooping Cough...	0.17	0.16	0.12	0.08	0.06	0.16	0.19	0.14	0.10	0.10	0.17	0.17	0.13	0.08	0.07
Respiratory Diseases	2.58	2.58	2.18	1.64	1.44	2.43	2.35	1.95	1.50	1.18	2.54	2.52	2.12	1.60	1.36
Respiratory Tuberculosis	0.86	0.84	0.71	0.62	0.50	0.71	0.67	0.59	0.52	0.45	0.82	0.80	0.68	0.59	0.49
Other Tuberculous Diseases	0.41	0.34	0.25	0.19	0.14	0.35	0.29	0.23	0.21	0.14	0.39	0.33	0.25	0.19	0.14
Cancer	1.05	1.15	1.25	1.40	1.52	0.88	0.97	1.11	1.17	1.17	1.01	1.10	1.22	1.33	1.42
Heart Disease ...	1.52	1.46	1.69	2.42	2.79	1.31	1.27	1.41	1.90	2.06	1.47	1.41	1.61	2.27	2.58
†Diarrhoea (Deaths in children under 2 years of age) ...	18.41	11.96	7.98	5.19	4.54	21.25	13.34	6.73	6.52	9.28	19.23	12.36	7.61	5.63	6.07

* Deaths under one year per 1,000 births.

† Deaths per 1,000 births.

Urban and Rural Statistics for 1933.

These are set out below for the aggregate districts, and a comparison is afforded with the figures for England and Wales:—

	Annual Rates per 1000 of the Estimated Population						Infant Mortality (Deaths under one year per 1000 Births)
	Birth-rate	Death rate	Zymotic* Death rate	Phthisis Death rate	Other Tub. Diseases Death rate	Respiratory Death rate	
(1) Urban Districts in the West Riding ...	14.4	12.8	0.27	0.50	0.14	1.44	69
(2) Rural Districts in the West Riding ...	16.6	10.8	0.37	0.45	0.14	1.18	72
(3) WEST RIDING ADMINISTRATIVE COUNTY	15.0	12.2	0.30	0.49	0.14	1.36	70
(4) England & Wales	14.4	12.3	0.29	0.69	0.13	1.39	64

* Includes deaths from Diarrhoea, etc., under two years of age only.

Infant Mortality.

The infantile mortality rate for the Administrative County is again 70 as in 1932, and compares favourably with the average of 77 for the ten years 1922-31, and 104 for 1912-21. In two recent years a less rate was recorded, namely in 1930 the figure was 65, and in 1928 it was 62. On page 19 a graphic representation of the infantile mortality rate is shown. It is noteworthy that while the infant deaths from the principal infectious disorders dropped from 3.99 per thousand births in 1932 to 2.08 in 1933, there was an increase in infant deaths from congenital debility, premature birth, etc. from 34.26 per thousand births in 1932 to 36.35 in 1933, this latter rate being higher than any recorded in the previous ten years. The neo-natal deaths, i.e., those occurring in the first four weeks of life, are mainly due to Congenital Debility, Premature Birth and Malformations incompatible with life. The deaths in the second and third months are due to septic infections.

The list of County districts in which a low rate of infantile mortality is reported grows longer year by year, but there are other districts which for some reason or other—probably circumstances peculiar to the area—lag behind in showing improvement.

Below are mentioned the towns and districts in the Administrative County which had the highest infant death rate during 1933 :—

					Year 1933.	Average Rate for 10 years 1923—1932.
Conisborough	...	...	...	...	131	96
Knottingley	...	...	...	...	128	104
Heckmondwike	...	...	...	...	116	73
Normanton	...	...	...	...	115	93
Stocksbridge	...	...	...	...	114	63
Whitwood	...	...	...	...	111	96
Wakefield Rural	...	...	...	...	110	89
Horbury	...	...	...	...	108	94
Wath-upon-Dearne	...	...	...	...	106	75
Thorne Rural	...	...	...	...	105	97
Maltby	...	...	...	...	94	96*
Adwick-le-Street	...	...	...	...	90	76
Rotherham Rural	...	...	...	...	90	80
Thurnscoe	...	...	...	...	88	94
Cudworth	...	...	...	...	86	77
Yeadon	...	...	...	...	86	80
Featherstone	...	...	...	...	85	97

*8 years' average only.

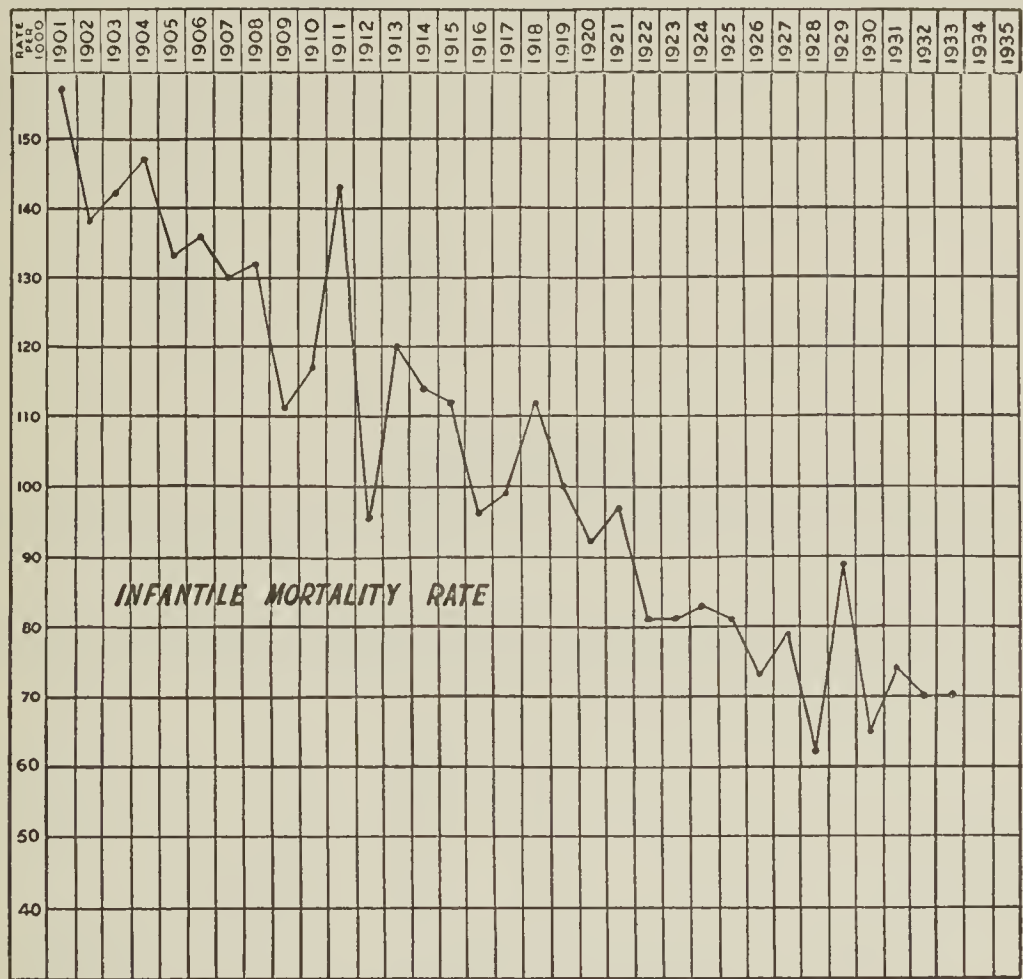
The above list is apt to be misleading without some explanation. In a comparatively small district with a small number of births each death of an infant has a much greater effect on the infantile mortality rate than it has in a larger district with a larger number of births. The districts in the above list where this disproportionate effect operates are Heckmondwike, Horbury, Knottingley, Stocksbridge, Whitwood and Yeadon. It is for this reason that the average rate for ten years is given alongside the 1933 rate. For these small districts these averages give a more accurate picture than does a rate for a single year. Taking the foregoing considerations into account however the districts in the list which may be pointed out as having a persistently high infantile mortality rate for the past ten years are Conisbrough, Featherstone, Horbury, Knottingley, Maltby, Normanton, Thorne Rural, Thurnscoe, Wakefield Rural and Whitwood. It should be mentioned that in a number of these districts there have been certain years when the rate has been low, but, unfortunately, any such rate has been offset by correspondingly higher rates in other years.

West Riding Administrative County.

Causes of Infant Mortality in the years 1912-33.

Year	Number of Deaths under One Year per 1000 births															Total (All Causes)
	Enteric Fever	Smallpox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Respiratory Tuberculosis	Other Tuberculous Diseases	Bronchitis	Pneumonia	Other Respiratory Diseases	Diarrhea	Congenital Debility and Malformation Premature Birth	Other Causes	
1912	nil.	nil.	2.67	0.05	3.94	0.18	0.36	0.15	2.87	8.31	8.66	0.61	6.71	40.81	19.61	94.93
1913	nil.	nil.	2.59	0.11	2.35	0.16	0.19	0.19	3.42	10.30	12.94	0.40	20.12	45.41	21.42	119.60
1914	nil.	nil.	2.87	0.05	5.48	0.24	0.24	0.21	3.01	9.36	11.41	0.53	18.19	41.86	20.48	113.93
1915	0.03	nil.	4.20	0.21	4.28	0.21	0.21	0.15	2.90	10.07	12.91	0.35	14.48	41.47	20.65	112.12
1916	nil.	nil.	1.35	0.09	2.68	0.09	0.25	0.31	2.34	9.64	11.05	0.77	10.96	34.45	21.86	95.84
1917	nil.	nil.	2.70	0.04	2.67	0.18	0.25	0.36	2.45	10.17	12.24	0.71	8.11	34.72	23.73	98.33
1918	nil.	nil.	5.05	nil.	7.50	0.07	5.01	0.36	1.53	11.19	14.18	0.57	9.77	36.68	19.87	111.78
1919	nil.	nil.	0.88	nil.	1.62	0.11	2.85	0.35	1.80	12.25	12.39	0.63	8.55	39.14	19.46	100.03
1920	nil.	nil.	2.48	0.05	1.64	0.11	1.14	0.16	2.09	9.88	11.04	0.42	11.92	31.65	19.15	91.73
1921	nil.	nil.	0.17	0.03	4.53	0.03	1.10	0.31	1.76	7.82	13.40	0.37	14.22	36.94	16.52	97.20
1922	0.03	0.03	1.69	nil.	2.91	0.10	0.51	0.16	1.95	6.75	11.86	0.38	6.52	33.50	14.51	80.90
1923	nil.	nil.	1.81	0.06	2.16	0.06	0.55	0.36	1.55	6.71	11.00	0.48	7.10	33.52	15.91	81.27
1924	nil.	nil.	1.09	nil.	2.67	nil.	1.48	0.06	1.35	6.14	15.47	0.61	6.72	33.10	13.96	82.65
1925	nil.	nil.	1.88	0.06	2.92	0.29	0.62	0.29	1.46	6.22	13.09	0.45	7.06	33.17	13.41	80.92
1926	nil.	nil.	0.47	0.03	4.02	0.07	0.20	0.17	1.23	5.35	10.97	0.43	6.45	30.87	13.16	73.42
1927	nil.	0.19	2.65	0.08	2.79	0.08	1.04	0.15	1.45	5.33	15.46	0.37	4.73	32.35	12.49	79.16
1928	nil.	nil.	0.56	0.04	1.11	0.07	0.33	0.04	1.67	2.59	9.31	0.30	4.71	30.14	11.49	62.36
1929	nil.	0.04	1.41	nil.	4.97	0.24	2.54	0.24	0.90	6.65	17.44	0.31	6.14	33.75	13.92	88.55
1930	0.04	nil.	0.89	nil.	1.89	0.23	0.08	0.08	1.20	2.47	8.71	0.23	3.86	34.00	11.45	65.13
1931	nil.	nil.	1.12	nil.	1.52	0.08	0.72	0.20	1.28	4.78	13.25	0.28	4.42	35.34	10.72	73.71
1932	0.04	nil.	1.15	nil.	2.59	0.21	1.03	0.04	1.23	4.28	10.20	0.16	4.93	34.26	9.46	69.58
1933	nil.	nil.	0.17	nil.	1.82	0.09	1.90	nil.	0.56	3.08	12.09	0.13	5.37	36.35	8.40	69.96

West Riding Administrative County.
Infantile Mortality Rate for the 33 years 1901—1933.



EPIDEMIOLOGY.
Zymotic Disease.

Particulars regarding the incidence of the seven principal Zymotic Diseases are given below. The combined death-rate from these diseases was 0·30 per 1,000 of the estimated population compared with the average of 0·44 for the 10 years, 1923-32 :—

Zymotic Disease.	No. of Cases 1933.	No. of Deaths 1933.	Ratio of Deaths.	
			(a) per 1,000 persons attacked.	(b) per 1,000 persons living.
(1) Smallpox	3	Nil.	Nil.	Nil.
(2) Scarlet Fever	6218	25	4·02	0·02
(3) Diphtheria	1652	122	73·84	0·08
(4) Enteric Fever	58	13	224·10	0·01
(5) Measles	*	51	?	0·03
(6) Whooping Cough	*	107	?	0·07
(7) Diarrhoea, etc., under two years ...	*	140	?	0·09
Total of chief Zymotic Diseases ...	?	458	?	0·30

*The numbers of cases of measles, whooping cough and diarrhoea are not available, as these diseases are not compulsorily notifiable in every district in the Administrative County.

The following table gives the number of cases notified, and rate per 1,000 population in the Administrative County during the years 1929-1933. The number of notifications in 1933 in each Sanitary District will be found in the table folded in at page 20, and paragraphs with regard to the incidence of the principal infectious diseases will be found on pages 20 to 23.

Diseases.	Number of Cases Notified.					Cases Notified per 1,000 population.				
	1929	1930	1931	1932	1933	1929	1930	1931	1932	1933
Small-pox	1229	617	146	—	3	0·80	0·40	0·09	—	0·00
Scarlet Fever	7795	5726	2952	3261	6218	5·10	3·73	1·91	2·12	4·05
Diphtheria	1328	1727	1537	1590	1652	0·87	1·13	1·00	1·04	1·08
Enteric Fever	296	148	95	200	58	0·19	0·10	0·06	0·13	0·04
Puerperal Fever	106	89	91	89	60	*4·15	*3·43	*3·65	*3·66	*2·60
Puerperal Pyrexia	166	157	151	134	149	*6·49	*6·05	*6·06	*5·51	*6·45
Cerebro-Spinal Fever	20	115	608	345	175	0·01	0·07	0·39	0·22	0·11
Acute Poliomyelitis	16	16	12	8	37	0·01	0·01	0·01	0·01	0·02
Acute Polio-Encephalitis	6	15	3	2	1	0·00	0·01	0·00	0·00	0·00
Encephalitis Lethargica	32	35	13	19	9	0·02	0·02	0·01	0·01	0·01
Ophthalmia Neonatorum	121	108	121	101	87	*4·73	*4·16	*4·86	*4·15	*3·77
Erysipelas	807	769	680	572	670	0·53	0·50	0·44	0·37	0·44
Respiratory Tuberculosis	2142	1717	1796	1411	1431	1·40	1·12	1·17	0·92	0·93
Other Forms of Tuberculosis	792	874	765	630	548	0·52	0·57	0·50	0·41	0·36

*Cases notified per 1,000 Registered Births.

ISOLATION HOSPITALS.

The following table gives particulars of the removal to hospital of cases of Smallpox, Scarlet Fever, Diphtheria and Enteric Fever during 1933. Columns 25 to 28 of Table folded in at this page show the removals for each district:—

	Total cases notified.	Cases removed to Hospital.	
		Number.	Percentage.
Smallpox	3	3	100.0
Scarlet Fever	6218	5687	91.5
Diphtheria	1652	1603	97.0
Enteric Fever	58	50	86.2
Total for 1933	7931	7343	92.6

DIPHTHERIA.

During 1933 the number of notifications of diphtheria shewed a slight increase on the previous year, the total number of cases being 1,652 and 122 deaths, compared with 1,590 cases and 117 deaths during the year 1932.

The districts with the highest number of cases were:—Adwick-le-Street U. 50, Batley B. 46, Castleford U. 67, Darton U. 60, Mirfield U. 59, Spenborough U. 59, Stanley U. 40, Doncaster R. 53, Hemsworth R. 40, Tadcaster R. 41, Thorne R. 61 and Wortley R. 87.

The notifications for the past 5 years are as follows:—

	1929	1930	1931	1932	1933
No. of cases	1,328	1,727	1,537	1,590	1,652
Deaths	117	135	153	117	122
Case Mortality	8.9	7.8	9.9	7.3	7.4

The onset of diphtheria is insidious and frequently causes very little discomfort so that in the early stages the condition is regarded by the parents as negligible and the patient does not come under the notice of a medical man until late, and valuable time has been lost. With such a powerful therapeutic weapon in existence as anti-toxin the death rate should be lower if these mistakes did not occur. Some of the cases, which appear to be still occurring (during 1934), have been of a severe and fulminating type, but during last year my impression was that they were not quite so numerous. It is also to be feared that the practice of waiting for bacteriological examination results before giving anti-toxin is sometimes adopted. It is a good rule to observe that if a case is sufficiently suspicious to require a swab it ought at the same time to receive a dose of anti-toxin.

On this subject Dr. J. M. Taylor, M.O.H. Thorne, states in his annual report:—

"The number of diphtheria cases is much larger than usual, but the increase is not peculiar to this district. There has been an epidemic involving most of the north-eastern Counties. Several of the outbreaks here were traced to people coming from other counties.

Many of the cases have been of a severe type, and have not responded so well to serum treatment as usual. The bacilli responsible for the spread of the disease have attained a higher degree of virulence than in the past years.

Grateful mention may be made here of the expeditious way in which the Conisbrough Hospital Authorities removed the cases to hospital. But for their promptitude the number of deaths would have been greater."

Diphtheria immunisation was introduced into various districts in the County during the year, and some 4,021 children and staff at County Institutions received the protective treatment.

The procedure adopted is to issue circular letters to the parents through the head teachers of the schools, offering the treatment, and if they desire their children to be treated, they are asked to complete a form consenting thereto and return it to the head teacher. Arrangements are then made for holding a clinic, and the treatment is completed in three attendances at intervals of one week.

It is gratifying to report that the facilities provided by the County for immunising children are being increasingly appreciated and the practice is being extended to the Child Welfare Centres where a baby can be immunised at the most advantageous time of life, which is about 12 months of age.

The control of diphtheria presents unusual difficulties owing to the fact that it is spread by personal infection and that carriers vary very much in number and are not always carriers continuously. The attempt to detect and isolate carriers fails for the reason that a person may give a positive swab one day and be negative later on, and the finding of a negative case does not mean that the case will continue negative; it may be positive within a short time of the swab being taken. For this reason an alternative form of "attack" seems necessary and with the full co-operation of the parents and doctors and the possession of an adequate staff it might be possible to discover which members of the population were not immune to diphtheria and with their consent, or that of their guardians, they could be immunised. Such action would bring the incidence of diphtheria down to very slender proportions. The question of the success of immunising methods need not be discussed here, beyond saying that in proportion something like 90% of persons so treated become immune to diphtheria.

Notified Cases of Infectious Diseases, 1933.

SANITARY DISTRICT	CASES NOTIFIED OR OTHERWISE ASCERTAINED																							Cases removed to Hospital of undermentioned diseases				
	Smallpox	Scarlet Fever	Diphtheria including Mem. Group	*Enteric Fever,	Pneumonia (acute primary and influenzal)	Puerperal Fever	Puerperal Pyrexia	Cerebro-spinal Fever	Acute Poliomyelitis	Acute Polio-encephalitis	Encephalitis Lethargica	Typhus Fever	Relapsing Fever, Cont'd Fever	Dysentery	Ophthalmia Neonatorum	Erysipelas	Respiratory Tuberculosis	Other Forms of Tuberculosis	Malaria (contracted in England)	Malaria (contracted abroad)	Chickenpox	Measles	Whooping Cough	Smallpox	Scarlet Fever	Diphtheria	Enteric Fever	
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	
I. URBAN																												
Adwick-le-Street	71	50	—	—	40	1	8	6	1	—	—	—	—	—	8	9	20	10	—	—	—	—	—	—	71	50	—	—
Altofts	16	4	—	—	13	—	—	—	—	—	—	—	—	—	2	6	5	—	—	—	—	—	—	—	15	4	—	—
Ardsley, East and West ...	25	17	—	—	15	—	—	—	—	—	—	—	—	—	4	4	3	4	—	—	—	—	—	—	24	16	—	—
Baildon	42	4	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	41	4	—	—
Barkisland	—	—	1	—	4	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	×	—	—	—	—	—	1	—
Barnoldswick	7	3	—	—	9	—	—	1	—	—	—	—	—	—	1	9	14	4	—	—	—	—	—	—	7	—	—	—
Batley M.B.	2	316	46	—	40	—	—	2	—	—	—	—	—	—	—	13	25	9	—	—	—	—	—	2	309	44	—	—
Bentley-with-Arksey	64	30	—	—	34	4	5	—	—	—	—	—	—	—	2	5	7	9	—	—	—	—	—	—	64	30	—	—
Bingley	334	18	—	—	31	4	—	5	—	—	—	—	—	—	—	14	16	4	—	—	—	—	—	—	304	17	—	—
Birkenshaw	1	5	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	4	—	—
Birstall	9	2	—	—	14	—	—	—	—	—	—	—	—	—	—	9	3	2	—	—	—	—	—	—	9	2	—	—
Bolton-upon-Dearne	59	3	—	—	17	—	—	1	—	—	3	—	—	—	—	4	26	5	—	—	×	—	—	—	57	3	—	—
Brighouse M.B.	38	11	2	—	16	—	1	—	—	—	—	—	—	—	1	11	24	16	—	—	×	×	×	—	32	11	2	—
Burley-in-Wharfedale	35	2	—	—	8	—	—	—	—	—	—	—	—	—	—	2	6	4	—	—	—	—	—	—	35	2	—	—
Calverley	21	5	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	17	4	—	—
Castleford	1	103	67	—	27	2	3	11	—	—	—	—	—	—	—	6	31	9	—	—	—	—	—	1	93	65	—	—
Clayton West	7	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	7	1	—	—
Conisbrough	172	26	—	—	30	—	—	13	1	—	—	—	—	—	3	10	23	6	—	—	×	×	—	—	170	26	—	—
Cudworth	77	22	1	—	18	3	—	1	—	—	—	—	—	—	—	11	13	3	—	—	×	×	—	—	77	18	1	—
Darfield	19	13	—	—	10	1	—	—	—	—	—	—	—	—	—	5	5	1	—	—	*18	—	—	—	16	13	—	—
Darton	76	60	1	—	37	—	3	3	—	—	2	—	—	—	1	12	14	4	—	—	—	—	—	—	43	60	1	—
Denby and Cumberworth ...	13	4	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	4	—	—	—	—	—	—	13	4	1	—
Denholme	—	2	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	—	—
Dodworth	13	1	—	—	8	—	2	1	—	—	—	—	—	—	—	3	2	1	—	—	—	—	—	—	8	1	—	—
Drighlington	6	—	—	—	9	—	—	—	—	—	—	—	—	—	—	4	6	2	—	—	×	×	—	—	5	—	—	—
Earby	2	—	—	—	9	—	1	—	—	—	—	—	—	—	—	4	6	2	—	—	—	—	—	—	—	—	—	—
Elland	22	—	—	—	—	—	1	—	—	—	—	—	—	—	—	7	7	4	—	—	—	—	—	—	5	—	—	—
Emley	5	—	—	—	2	—	—	—	—	—	—	—	—	—	—	2	1	2	—	—	—	—	—	—	5	—	—	—
Farsley	16	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	7	2	—	—	—	—	—	—	16	—	—	—
Featherstone	63	34	—	—	14	—	2	8	—	—	—	—	—	—	2	4	32	18	—	—	*47	—	—	—	63	34	—	—
Flockton	3	—	—	—	3	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	3	—	—	—
Garforth	9	14	—	—	4	—	—	1	—	—	—	—	—	—	—	2	3	1	—	—	—	—	—	—	9	13	—	—
Gildersome	—	3	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	3	—	—
Golcar	116	26	—	—	6	—	—	—	—	—	—	—	—	—	—	3	6	4	—	—	—	—	—	—	109	26	—	—
Goole M.B.	80	5	2	—	53	2	2	2	—	—	—	—	—	—	3	10	30	11	—	—	—	—	—	—	80	5	2	—
Greasbrough	21	2	2	—	7	—	1	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	21	2	—	—
Greetland	9	—	—	—	5	—	—	—	—	—	—	—	—	—	1	2	—	—	—	*17	*26	—	—	—	2	—	—	—
Guiseley	34	1	—	—	4	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	32	1	—	—
Gunthwaite & Ingbirchworth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Harrogate M.B.	59	35	2	—	84	—	—	4	—	—	—	—	—	—	4	9	21	6	—	×	—	—	—	—	54	32	2	—
Haworth	14	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	6	1	—	—	—	—	—	—	13	2	—	—
Hebden Bridge	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	5	2	—	×	—	—	—	—	3	—	—	—
Heckmondwike	63	45	—	—	—	—	1	—	—	—	—	—	—	—	—	5	9	4	—	—	×	×	×	—	55	45	—	—
Hemsworth	34	25	1	—	44	2	—	2	—	—	—	—	—	4	1	14	25	5</										

SMALL-POX.

Three cases of small-pox were notified in the Administrative County during the year. Two of these occurred in Batley Borough and one in Castleford. They called for no special enquiry and there appeared to be no connection whatever between the cases. Obviously the administrative methods taken were sufficient to prevent the spread of the outbreak.

SCARLET FEVER.

The number of cases during 1933 was considerably higher than for 1931 and 1932, and this is in accordance with the natural history of scarlet fever which appears to have a peak about every 4 or 5 years. This is partly attributable to the fact that since the last peak period, 1929, a large number of susceptible children have been added to the population, and again the mild type of disease frequently causes difficulty in detecting infected persons and consequently "missed cases" occur. It seems an inevitable conclusion that some people who do not manifest the disease in its full and recognisable form are suffering from an abortive form due apparently, to a sub-minimal dose of infection and when they are in that stage spread the infection. As this disease occurs mainly among children of school age it might be expected that an extensive enquiry would bring to light various scholars who are a source of infection, but in actual practice the scrutiny of school children is very disappointing. An enquiry into an outbreak of sore throat or mild fever attack, with or without vomiting, is usually negative. The inspection of children's throats gives ambiguous results, and the enquiry into increased nasal discharges, inspections of children's ears for discharge, and their hands for peeling skin, are all uniformly disappointing. Occasionally a child is found with hands and feet peeling, but the exclusion of this child seldom produces any effect on the course of the epidemic. These enquiries in school are supplemented by similar enquiries, equally disappointing, among those children who are absent from school. It is at any rate comforting to know that scarlet fever and its complications are much less formidable than they used to be.

ENTERIC FEVER.

There were 58 cases of Typhoid or Para-typhoid fever notified.

The districts affected were as follows:—

BOROUGH AND URBAN DISTRICTS.

	Cases	Notified
Barkisland	1
Brighouse M.B.	2
Cudworth	1
Darton	1
Denby and Cumberworth	1
Goole M.B.	2
Greasbrough	2
Harrogate M.B.	2
Hemsworth	1
Methley	1
Mexborough	1
Normanton	2
Ossett M.B.	1
Otley	1
Rawmarsh	3
Saddleworth	1
Sowerby Bridge	1
Spenborough	1
Stainland	2
Stanley	1
Swinton	4
Thurstonland and Farnley Tyas	4
Wath-upon-Deane	1

RURAL DISTRICTS.

Doncaster	2
Goole	1
Great Ouseburn	4
Halifax	1
Hemsworth	3
Rotherham	1
Settle	1
Tadcaster	2
Thorne	3
Wakefield	1
Wortley	2

The above table shows that the 58 cases notified were widely spread over the County and that four was the highest number in any one district. It is not improbable that these cases were the relics of previous epidemics, and as there is so much travelling nowadays it is not possible to trace the origin of these cases to their sources.

ACUTE POLIOMYELITIS.

37 cases were notified, a considerable increase on previous years. The disease occurred in epidemic proportions in Rishworth, Soyland and Queensbury.

The outbreak at Rishworth occurred among the boarders at the Wheelwright School in the month of June—11 cases were notified, one of which was fatal. Numerous enquiries were made by members of the medical staff of this Department, and by a Medical Officer of the Ministry of Health. The origin of the outbreak was obscure. The difficulties of tracing infection where carriers may never be ill at all, or may have the disease in a larval and therefore unrecognisable form, is illustrated by a quotation from the Medical Officer of Health for this area.

Speaking of the Soyland cases which occurred later in the year (October), he says "the second case, a child of two years living in a better-class house, had not been in contact with the first case, though other children from this house go to Millbank School. It is a curious coincidence that a brother of this child is at Rishworth School. He was there during the epidemic in June but did not develop the disease."

The cases at Queensbury occurred in September, but no connection could be traced between them and the other outbreaks.

The districts affected during the year are shown in the following table:—

Name of District.	No. of cases notified.
Adwick-le-Street U.	1
Conisbrough U.	1
Holmfirth U.	2
Mexborough U.	1
Queensbury U.	5
Rishworth U.	11
Rothwell U.	1
Soyland U.	6
Wombwell U.	1
Worsborough U.	1
Doncaster R.	2
Goole R.	1
Rotherham R.	1
Settle R.	1
Tadcaster R.	1
Thorne R.	1

CEREBRO-SPINAL FEVER.

The severe epidemic of this disease which occurred in the West Riding during 1931 has continued to subside, as will be seen from the following figures:—

Year	No. of Cases	No. of deaths.
1930	115	72
1931	608	312
1932	345	159
1933	175	65

The districts chiefly affected during 1933 were—Adwick-le-Street 6, Castleford 11, Conisbrough 13, Featherstone 8, Hoyland Nether 7, Normanton 8, Pontefract M.B. 8, Thurnscoe 8, Whitwood 8, Pontefract R. 8, Thorne R. 13, Doncaster R. 7, Rotherham R. 6, and Wakefield R. 6.

Treatment of Venereal Diseases.

List of the Venereal Diseases Treatment Centres with the days and hours of attendance:—

Name of Institution.	Days and Hours of Attendance.	
	Men.	Women and Children.
Bradford St. Luke's Hospital	Monday and Saturday, 9.30 a.m.; Tuesday, 6 p.m.	Monday, 5 to 7 p.m.; Tuesday, 5-30 p.m. and Friday, 10 a.m.
Burnley Victoria Hospital	Monday, 10 to 11 a.m. and 5-30 to 6-30 p.m.; Thursday 5-30 to 6-30 p.m.	Friday 11 to 12 noon, and 5.30 to 6.30 p.m.
Dewsbury Infirmary	Monday, 3 to 5 p.m.; Thursday, 7 to 9 p.m.	Monday 3 to 5 p.m.; Thursday, 7 to 9 p.m.
Doncaster Royal Infirmary	Tuesday, 4 to 6 p.m.; Friday, 9 to 11 a.m. and 4 to 6 p.m.	Monday, 4 to 6 p.m.; Friday, 2 to 4 p.m.
Goole, Bartholomew Hospital	Friday, 8 p.m.	Friday, 5 p.m.
Leeds General Infirmary	Monday to Friday (inclusive), 10 a.m. to 12 noon, and 2 to 7 p.m.; Saturday, 10 a.m. to 12 noon.	Monday, 1.30 to 3.0 p.m.; Thursday, 5.30 to 7 p.m.
Barnsley Clinic, Queen's Road	Thursday, 6-30 to 9-30 p.m.; Monday, 8 to 10 p.m.	Thursday 3 to 6 p.m.
Halifax Royal Infirmary	Thursday, 6 to 8 p.m.	Tuesday, 3.30 to 4.30 p.m., and 6 to 8 p.m.
Huddersfield Royal Infirmary	Monday, Tuesday, Thursday, Friday, 6 to 8-30 p.m.; Wednesday 10 to 12 noon.	Monday, Tuesday, Thursday, Friday, 6 to 8-30 p.m.; Wednesday 10 to 12 noon.
Keighley Victoria Hospital	Tuesday and Thursday, 7.30 to 8.30 p.m.	Tuesday and Thursday, 6 to 7 p.m.
Oldham Royal Infirmary	Tuesday, 7.30 p.m., and Wednesday, 7.30 p.m.	Monday, 7-30 p.m.
York County Hospital	Monday, 3 to 4 p.m.; Thursday, 6 to 7 p.m.; Friday, 7.30 to 8.30 p.m.	Wednesday, 3 to 4 p.m.; Friday, 7 to 7.30 p.m.
Rotherham T.B. Dispensary, 12, Frederick Street	Tuesday, 9-30 to 11 a.m. and 5-30 to 8 p.m.; Wednesday, 5-30 to 8 p.m.	Friday, 11-30 to 12-30 p.m. and 6 to 8 p.m.
Wakefield Clayton Hospital	Wednesday, 6 to 8 p.m.; Friday, 10 to 12 noon.	Monday, 4 to 6 p.m.; Friday, 3 to 5 p.m.
Sheffield Jessop Hospital for Women	—	Tuesday and Thursday, 5 to 7.30 p.m. Saturday, 11 a.m. to 1-30 p.m.
Sheffield Children's Hospital	—	In-patients only.
Sheffield Royal Hospital	Thursday, 7 to 9 p.m.; Saturday, 12-30 to 2-30 p.m.; Tuesday and Friday, 7 to 9 p.m.	Thursday, 10 a.m. to 1 p.m.
Sheffield Royal Infirmary	Tuesday and Thursday, 2 to 4 p.m.; Wednesday, 6 to 8 p.m.; Friday, 5-30 to 7-30 p.m.	Tuesday and Thursday, 2 to 4 p.m.

Table showing the Venereal Treatment Centres and the number of attendances, etc., during 1933:—

Centre.	No. of new patients.	No. of doses of Arseno-benzene Compounds.	No. of In-patient days.	No. of Out-patient attendances.
Bradford St. Luke's Hospital	90	334	69	2,262
Burnley Victoria Hospital	6	35	—	65
Dewsbury Infirmary	75	359	129	4,723
Doncaster Royal Infirmary	244	610	193	9,111
Goole, Bartholomew Hospital	33	67	—	592
Leeds General Infirmary	318	3,677	2,478	11,758
Barnsley Clinic, Queen's Road	109	88	—	7,795
Halifax Royal Infirmary	136	263	447	2,693
Huddersfield Royal Infirmary	104	285	47	3,856
Keighley Victoria Hospital	86	256	49	4,449
Oldham Royal Infirmary	3	48	—	102
York County Hospital	12	87	20	568
Rotherham T.B. Dispensary, 12, Frederick Street	68	67	19	3,145
Wakefield Clayton Hospital	200	1,154	193	6,749
	1,484	7,330	3,644	57,868

Analysis of combined returns of treatment centres for the year 1933 compared with previous years:—

Year.	New Patients.	Doses of Arsenobenzene Compounds.	In-patient days.	Out-patient attendances.
1928	1632	6426	1409	53068
1929	1543	6397	1226	55092
1930	1538	6257	3115	54468
1931	1490	7563	3460	54922
1932	1513	7852	2107	53383
1933	1484	7330	3644	57868

Analysis of new patients treated during 1933 from every locality in the County, excluding Sheffield.

Syphilis		Soft Chancre		Gonorrhoea		Total		Non-Venereal Diseases	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
750	452	6	—	2039	496	2795	948	1218	504
						3743		1722	

From the table above it is seen that the figures vary very little from those of the previous year. There were fewer new patients, and less number of doses of arseno-benzol compounds were supplied but there was an increase of "In-patient days" and in "Out-patient" attendances. Many of the clinics serve a large area and it would be surprising if the figures varied widely from year to year. The chief feature is the increase of "In-patient days," but this figure fluctuates considerably from year to year and an increase is not necessarily a proof of increased incidence of disease. It has been emphasised previously how variable this figure may be and as an example the Hope Hospital may be quoted where the figures of the "In-patient days" double those of last year and also double the figure for the rest of the County.

The figures for the Hope Hospital do not admit of comparison with those of other Clinics for at the latter patients are admitted for bed treatment on account of some acute condition and later discharged to attend as Out-patients, while at the former female patients are admitted to the hospital as a home (often on account of pregnancy complicated by venereal disease) until they are cured or otherwise suitably transferred.

The attendances for intermediate treatment are also above the average, and compared with the number of new patients this evidence is the best proof that patients now attending have a keener sense of their responsibility for their ultimate cure.

An even better average of attendance per patient is noticeable upon examination of the table showing the number of Non-Venereal cases. These cases number about one-third of the total new patients and as their attendances frequently do not exceed three or four (after which a clean bill of health is issued) the general average of attendance per patient may be affected considerably.

General practitioners who are approved in accordance with the requirements of the Ministry of Health to receive Arsenobenzene Compounds now number 85. The number of doses supplied was 978. Only a very few of the approved practitioners seem to have any desire or opportunity to treat Venereal Diseases regularly.

PROPAGANDA.

Following our usual programme the Districts visited this year were—Wetherby, Borough-bridge, Bardsey, Pool, Hampsthwaite, Burton Leonard, Acomb, Goole, Denholme, Drighlington, Birkenshaw, Queensbury, Selby, Hoyland, Rossington, Wombwell, Edlington, Fitzwilliam, Mexborough, Stocksbridge, Denaby Main, Goldthorpe, Wath-on-Deane, Cudworth and Batley.

Education of the public in health matters by film displays has been carried out for many years, and judging by the size of audiences, their general enthusiasm, and the letters of appreciation it would seem the continuance of the scheme is justified. At some of the larger halls the audience numbered 1,000 and many were turned away. From the general tone also of the meetings, both film shows and more intimate talks, the attitude of an earnest desire for more knowledge has been abundantly expressed. A minimum estimate of the numbers reached by this means during the year would be 9,000—10,000 persons.

Public Health Legislation, Etc., During 1933.

Below is a list of Orders, Circulars and Memoranda which have been issued, and Acts passed, in 1933, in connection with public health matters.

1.—ORDERS, CIRCULARS AND MEMORANDA ISSUED BY THE MINISTRY OF HEALTH.

Circular No.	GENERAL.
1311	Local Expenditure.
1325, 1345, 1350,	Public Health (Imported Food) Regulations 1925
1364 and Regulations	(Imported Food) Amendment Regulations, 1933.
1338	Rural Water Supplies—Improvement of.
1349	Slaughter of Animals, 1933.
Memo. 171/Med.	Antimony Poisoning due to the use of Enamelled Vessels.

TREATMENT OF TUBERCULOSIS.

None Issued.

HOUSING AND TOWN PLANNING.

1305	Town and Country Planning Act.
—	Town and Country Planning Regulations, 1933.
1331	Housing Act, 1930. Part 1.—Slum Clearance.
1334	Housing (Financial Provisions) Act, 1933.
1335	Rural Housing.
1339	Housing (Rural Workers) Acts—Interest on Loans.
1348 and	Rent and Mortgage Interest Restrictions.
1354 and	
Regulations	
—	Re-Housing Operations. Typical plans of Tenement and other dwellings.

MATERNITY AND CHILD WELFARE.

1326	Infant Life Protection.
1336 and Regulations	The Local Government (Qualifications of Medical Officers and Health Visitors) (Amendment) Regulations, 1933—Appointment of Health Visitors.
1337	The Deaf and Dumb.
1337a	Prevention of Deafness.

II.—ACTS OF PARLIAMENT.

Housing (Financial Provisions) Act, 1933.
 Pharmacy and Poisons Act, 1933.
 Children and Young Persons Act, 1933.
 Rent and Mortgage Interest Restrictions (Amendment) Act, 1933.
 Slaughter of Animals Act, 1933.
 Local Government Act, 1933.

HOUSING AND GENERAL SANITARY MATTERS.

A. BROOK.—Chief County Sanitary Inspector.

Housing.

The year 1933 will be regarded as a “red letter year” in consequence of the request of the Minister of Health, for the submission by local authorities of comprehensive schemes for the abolition of slums.

Circular 1331 issued by the Ministry of Health in April, 1933, outlining a programme and time-table had been overdue for some time. Bearing in mind all the factors, it is considered that local authorities have now an unparalleled opportunity for securing the abolition of slums and other unfit dwellings, and providing housing accommodation for the displaced population.

In the West Riding Administrative Area, it is pleasing to record that some authorities had taken energetic action prior to the issue of the above Circular, however the demand for explicit information as to the authorities' intentions in housing matters has undoubtedly had a beneficial effect, particularly upon those who have not displayed reasonable enthusiasm in past years.

In the 119 urban and 28 rural authorities in the administrative area of the County the returns show the position to be as follows:—

CLEARANCE AREAS.			IMPROVEMENT AREAS.			INDIVIDUAL UNFIT HOUSES.		GRAND TOTAL		
No. of Areas.	Houses to be demolished	New Houses to be provided	No. of Areas.	Houses for demolition	New Houses to be provided	To be Demol'd or Closed (Sec. 19 or 20).	New Houses to be provided	Closed or demolished	Persons to be displaced	Houses to be provided
URBAN ... 210	3,041	2,346	49	636	538	3,486	2,424	7,163	21,848	5,308
RURAL ... 48	269	176	3	17	20	1,042	782	1,328	3,859	978
258	3,310	2,522	52	653	558	4,528	3,206	8,491	25,707	6,286

In the County area as a whole, housing conditions continue to show improvement, and as will be seen from the figures below, more attention has been given to housing inspection generally during the year, and while this may be due to inspections made consequent on Circular 1331, it is all to the good.

Year.	Total dwelling houses inspected for housing defects under Public Health or Housing Acts.	Total Houses occupied or vacant at the census of 1931.
1929	15375*	395,363
1930	27378	
1931	24071	
1932	23229	
1933	32089	

*Under Housing Acts only.

Overcrowding can be regarded as definitely decreasing, but this does not mean that the demand for houses has been entirely met, as will be seen from the following remarks in various Annual Reports for 1933:—

Castleford U.D.	"Overcrowding exists in the district."
Darton U.D.	"An acute shortage of working-class houses."
Denby and Cumberworth U.D.	"There is a considerable amount of overcrowding."
Denholme U.D.	"Need for modern working-class dwellings."
Elland U.D.	"Shortage of houses continues to exist."
Goole M.B.	"Still a definite shortage of houses at a low rental."
Greasbrough U.D.	"Still a demand for cheaper type of house."
Hebden Bridge U.D.	"Several houses occupied by more than one family."
Kirkburton U.D.	"Demand for a good type of scullery house."
Knaresborough U.D.	"Considerable overcrowding still exists."
Lepton U.D.	"There are some cases of overcrowding."
Mexborough U.D.	"108 houses were found to be either occupied by 2 families, overcrowded, etc., etc."
Ripon City	"Shortage of good working-class dwellings."
Shelf U.D.	"Overcrowding in centre of district."
Skipton U.D.	"Shortage of houses of low rentals still persists."
Sowerby U.D.	"A little overcrowding."
Stanley U.D.	"Shortage of houses still very pronounced and overcrowding prevalent."
Worsborough U.D.	"Still 96 cases (of overcrowding) on the books."
Yeadon U.D.	"Still a shortage of working class houses."
Penistone R.D.	"There is general overcrowding."
Wakefield R.D.	"Overcrowding is still prevalent."
Wortley R.D.	"Still a considerable demand.....for small cheap houses."

Housing Statistics.

Summary of Housing Work showing the action taken under the provisions of the Housing Act, 1925; the Housing Act, 1930, and the Housing Consolidated Regulations, 1925, the Housing Consolidated Amendment Regulations, 1932 or matters arising therefrom.

1.—INSPECTION OF DWELLING-HOUSES DURING THE YEAR.	Urban Districts	Rural Districts	Totals
(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	24549	7540	32089
(2) Number of dwelling-houses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations, 1925—1932	13107	3413	16520
(3) Total number of inspections made	39395	10327	49722
(4) Number of dwelling-houses needing further action	15666	3436	19102
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	3303	732	4035
(b) Number (excluding those in sub-head (a) above), found not to be in all respects reasonably fit for human habitation	12363	2704	15067
<i>Totals of (4)—(a) and (b) should equal figure given for (4).</i>			
2.—REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES.			
No of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	8442	1268	9710
3.—ACTION UNDER STATUTORY POWERS DURING THE YEAR.			
A. Proceedings under Sections 17, 18, 23, Housing Act, 1930.			
(1) No. of dwelling-houses in respect of which notices were served requiring repairs	1013	692	1705
(2) No. of dwelling-houses which were rendered fit after service of formal notices	742	579	1321
(a) By owners	727	569	1296
(b) By Local Authority in default of owners	15	10	25
B. Proceedings under Public Health Acts:—			
(1) No. of dwelling-houses in respect of which notices were served requiring defects to be remedied	2581	740	3321
(2) No. of dwelling-houses in which defects were remedied after service of formal notices	1919	640	2559
(a) By owners	1523	616	2139
(b) By Local Authority in default of owners	396	24	420
C. Proceedings under Sections 19 and 21 of the Housing Act, 1930:—			
(1) No. of representations, etc., made in respect of dwelling-houses unfit for habitation	1165	295	1460
(2) No. of dwelling-houses in respect of which Demolition Orders were made	138	128	266
(3) No. of dwelling-houses demolished in pursuance of Demolition Orders	67	81	148
(4) No. of dwelling-houses in respect of which undertakings were accepted from owners—Section 19 (2)	257	134	391
(a) To render houses fit for human habitation	201	111	312
(b) As to usage other than for human habitation	56	23	79
D. Proceedings under Section 20 of the Housing Act, 1930:—			
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	55	—	55
(2) Number of separate tenements or underground rooms closed in pursuance of Closing Orders	10	—	10
(3) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit	—	—	—
E. Outstanding houses dealt with during 1932 under the Housing Act, 1925:—			

NOTE:—Sections 11 to 15 of the Housing Act 1925 have been repealed by the Housing Act 1930 but the proviso to Section 64 of the 1930 Act continues in force any Closing Orders and Demolition Orders made before the Housing Act 1930 came into operation, viz:— 15th August 1930, and Houses subject to these Orders must continue to be dealt with under the relative provisions of the Act of 1925.

(1) No. of dwelling-houses in respect of which Closing Orders were outstanding	209	13	222
(2) No. of above houses in respect of which Closing Orders were determined, houses having been made fit	2	4	6
(3) No. of above dwelling-houses in respect of which Demolition Orders were made	51	—	51
(4) No. of above dwelling-houses demolished in pursuance of Demolition Orders	23	—	23

NOTE:—The above statement is compiled from Returns furnished by the Medical Officers of Health of the Sanitary Authorities throughout the Administrative County.

Clearance Orders.

During the year, 8 urban authorities made Orders covering 14 areas and comprising 370 dwellings, etc., while 3 rural authorities dealt in a similar manner with 5 areas containing 49 houses, making in all 19 areas including 419 dwellings, etc.

Provision of New Houses.

The erection of houses during the past 5 years is set out below:—

	1929	1930	Year. 1931	1932	1933
By Local Authorities and Private Enterprise under assisted schemes.	4496	1316	1851	2968	2016
Unassisted (Years ended 30th September)	1082	1977	2725	3297	5049
TOTALS ...	5578	3293	4576	6265	7065

During the year 1933 the Inspectorial Staff of the Department were engaged in housing work as under:—

CLEARANCE AREAS.

Inspections and evidence given at Ministry of Health Inquiries:—

Knaresborough U.D. Pontefract Borough. Ripon City.

Attendance at Ministry of Health Inquiries:—

Batley Borough. Pudsey Borough. Shipley U.D.

HOUSING SURVEYS.

Baildon U.D. and Ripon R.D. (Bishop Monkton and Markington).

Housing Re-Surveys:—

Gildersome U.D. Knaresborough U.D. Settle R.D. (Ingleton). Soyland U.D.
Whitwood U.D.

INSPECTIONS RE HOUSING CONDITIONS.

URBAN.

Clayton West. Emley. Guiseley. Horsforth. Hoyland Nether. New Mill.
Saddleworth. Yeadon.

RURAL.

Kiveton Park. Skipton. Wetherby R.D. (Tockwith).

Housing (Rural Workers) Acts, 1926 and 1931.

Since the above Acts became operative, applications have been received from 35 owners. In 18 cases, covering 37 houses, the applications were approved and up to the 31st December, 1933, 36 premises have been reconditioned at a cost to the County Council of £3,537 11s. 2d. Of this amount, half is repayable to the County Council as loan charges under Section 4 (2) of the 1926 Act.

Smoke Abatement.

The subjoined tabular statement shows that the County staff took 147 smoke observations, each of 30 minutes duration, during 1933. These observations were made in 17 separate sanitary districts, in 9 of which a byelaw under the Public Health (Smoke Abatement) Act 1926 was in operation; the other districts had no such byelaw.

The observations showed cause for complaint in 14 instances, resulting in an average emission of black smoke for 7.64 minutes, the worst offender with 14.5 minutes in the half hour's observation.

In 47 observations there was black smoke for 3 minutes or under, while during 86 observations no black smoke was emitted.

The average emission of black smoke for the whole 147 observations was 1.18 minutes which is a decided improvement on 1932, but room for further improvement exists in many districts.

Inquiries tend to show that there are still some officers of Local Authorities on whom devolves the duty of dealing with the smoke nuisance who do not take observations systematically and keep proper records.

When taking observations the County Inspectors usually work in conjunction with the local sanitary inspector, and in all cases the results are transmitted to the local Medical Officer of Health.

Smoke observations taken by the County Inspectors during the year 1933.

No. of observations taken in each District.	Is Byelaw in Force?	Observations showing an excessive emission of Black Smoke.				Number of observations showing:		Average Amount of Black Smoke per observation.
		Number.	Maximum Emission.	Minimum Emission.	Average.	Black Smoke of 3 minutes or under.	No Black Smoke.	
			Minutes.	Minutes	Minutes.			Minutes
10	yes	1	4.5	4.5	4.5	3	6	0.75
10	yes*	1	5.0	5.0	5.0	4	5	1.10
6	no	—	—	—	—	3	3	1.00
6	yes	—	—	—	—	1	5	0.33
14	no	3	8.0	5.5	6.83	4	7	1.78
24	no	4	10.0	6.0	7.25	8	12	1.69
2	yes	—	—	—	—	—	2	—
3	no	—	—	—	—	1	2	1.00
10	yes*	1	7.5	7.5	7.5	4	5	1.25
1	no	—	—	—	—	—	1	—
9	no	—	—	—	—	2	7	0.22
7	yes*	—	—	—	—	1	6	0.07
13	yes	—	—	—	—	5	8	0.70
6	no	—	—	—	—	—	6	—
5	no	2	14.5	13.0	13.75	1	2	5.70
9	yes	2	9.0	4.0	6.5	5	2	2.22
12	yes	—	—	—	—	5	7	0.54
147	—	14	—	—	7.64	47	86	1.18

* Limit of 2 minutes per 30 minutes observation.

Drainage, Sewerage and Sewage Disposal.

This important branch of work continues to show improvement year by year. Sewers are continually being extended, new sewers provided and works enlarged, with the object of providing for the requirements of new buildings, and also to bring existing houses within reach of sewerage systems.

During the year the Department was represented at Inquiries held by the Ministry of Health into applications for sanctions to borrow money for works of sewerage, sewage disposal, etc., as under :—

URBAN.
Gildersome.
Guiseley.
Harrogate Borough.
Horbury.
Ilkley.
Rawdon.

RURAL.
Doncaster—Sprotborough.
Gt. Ouseburn—Aldborough and Boroughbridge.
Hemsworth—Upton and North Elmsall.
„ Brierley.
„ Great Houghton.

The Department also investigated matters relating to drainage and sewerage in the following districts :—

URBAN.
Drighlington.
Elland.
Golcar.
Guiseley.
Meltham.
Pudsey Borough.
Rishworth.
Sowerby.
Thurstonland and Farnley Tyas.
Wombwell.

RURAL.
Goole—Rawcliffe.
Gt. Ouseburn—Upper Poppleton.
Tadcaster—Church Fenton.
Thorne—Hatfield.
Todmorden—Heptonstall.

Water Supplies.

The year 1933 showed continued activities on the part of local authorities and their officers in dealing with the question of water supplies, and to some extent this was probably due to the threatened shortage of water in several places.

At the request of local authorities an exceptionally large number of water samples has been examined by the Department during the year, in addition to those collected by the County Inspectors.

Local Inquiries held by the Ministry of Health in connection with loans for water supplies, were attended as under :—

Guiseley U.D. Thurlstone U.D. Halifax R.D.—(Norland) and Hemsworth R.D.—(Ackworth, Kirk Smeaton, Little Smeaton, North Elmsall, Thorpe Audlin, Upton).

The scheme for supplying water to the eastern portion of the Hemsworth Rural District, viz:—Kirk Smeaton, Little Smeaton, North Elmsall, Thorpe Audlin and Upton (including also Ackworth, which already has the supply), from the Pontefract Corporation supply, is an attempt to deal in a comprehensive manner, with a matter which has seriously troubled some of these parishes in the past.

Examinations of various public water supplies in the Riding, as to their plumbo-solvent qualities were carried out during the year by this Department.

Fifty samples representing 25 different supplies were examined, two samples being submitted from each source, one after standing overnight in the lead service pipe, and the other after standing in the pipe for 30 minutes.

No lead was found in 44 samples. In the remaining 6, the amount varied from 1/100th to 1/20th grain per gallon. The results were communicated to the Medical Officers of Health concerned.

In addition, the County staff made investigation as to the water supplies in eight urban and 13 rural areas.

Generally, the West Riding urban areas are served by piped supplies of water though in the more sparsely populated parts, outside the aggregations of population, well supplies and springs are still depended upon. In the rural areas there appears to be a decided movement towards introducing piped supplies wherever practicable at a reasonable cost, and improvement is thus being effected year by year, but there is yet much to be accomplished.

Collection and Disposal of Refuse.

The important part the prompt and efficient collection of refuse and its effectual disposal plays in preserving the public health is now better realised, and a frequent and regular collection of household refuse is looked upon as one of the essentials in most communities.

In the West Riding, local authorities have been active in this regard. Out of 119 urban authorities, public scavenging is in force over all the area in 111, six others scavenge part of the area, and only two have no public scavenging.

Of the 28 rural authorities, 6 have public scavenging in all parishes, 20 in one or more parishes, one has a system of collection for bottles, tins, etc., and in only one district is there no public scavenging. This is a most creditable record.

The disposal of refuse is not yet entirely satisfactory, and gives rise to complaint in some cases where crude tipping is resorted to, but more authorities are now adopting systems of "controlled" tipping, which while not operated in the best manner in all cases, are an advance on former practice.

During the year enquiries into the scavenging arrangements have been made as under:—

URBAN DISTRICTS	RURAL DISTRICTS.
Denby and Cumberworth.	Ripon (Bishop Monkton).
	Wakefield (Warmfield-cum-Heath).
	Wetherby (Bardsey and E. Keswick) .
	Wharfedale (Pool).

Investigations as to refuse disposal were made in the following districts:—

URBAN DISTRICTS.		RURAL DISTRICTS.	
Adsley E. and W.		Mexborough.	
Birkenshaw.		Penistone.	
Cudworth.		Saddleworth.	
Meltham.		Swinton.	
RURAL DISTRICTS.		RURAL DISTRICTS.	
Penistone (Oxspring).		Wakefield (Warmfield-cum-Heath).	

Sanitary Accommodation.

The tabular statement below shows the percentage of closets on the water-carriage and conservancy systems respectively in urban and rural areas comprising the administrative area of the West Riding for the years 1930, 1931, 1932 and 1933.

		Urban Areas.				Rural Areas			
		1930	1931	1932	1933	1930	1931	1932	1933
Water-Carriage System	...	83·93	86·98	88·93	89·87	59·84	62·15	64·54	65·65
Conservancy System	... ..	16·07	13·02	11·07	10·13	40·16	37·85	35·46	34·35

It will be observed that the water-carriage system is still steadily growing, due in part to the replacement of privies by water closets and partly to the fact that all new houses are equipped with water closets where sewers and sufficient water supplies are available.

During 1933 the number of privies replaced by water closets was 2,986, and 850 additional closets on the water-carriage system were provided for existing buildings. The number of water closets provided in connection with new properties totalled 6,840.

In the course of the year the department made investigation regarding sanitary accommodation in 8 areas, and in one instance evidence was given on behalf of the local authority at an Inquiry held by the Ministry of Health into an appeal against closet conversion; the appeal was dismissed.

Conferences with Local Sanitary Inspectors.

The practice of consultations and conferences between the County Sanitary Inspectors and local Sanitary Inspectors has continued during the year, whenever opportunity offered. It is considered that these informal meetings, which are for the purpose of advising or giving support in matters of local sanitary administration, serve a very useful purpose.

Poisons and Pharmacy Act, 1908,

At the beginning of 1933 eighteen persons held licences under the above Act compared with twenty at the beginning of 1932. In addition nine others held licences as assistants. The usual inspections were made of the premises of the licensees.

Milk Supplies.

It is difficult if not impossible to give as detailed an account relating to the production and handling of "ordinary" milk in the County as can be given with regard to "Grade A" milk and the milk supplied to schools. It can safely be said, however, that local authorities and milk producers on the whole are now much more alive to their responsibilities, and that progress is being made. It can be confidently asserted that the milk producers in the Riding so far as cleanliness in methods of production and general structural conditions of cow-sheds are concerned, will stand comparison with those in any part of the country.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

The formation of the Milk Marketing Board towards the end of the year under review, marked what is hoped will be a great epoch in the milk industry, but it appears to have raised doubt in the minds of some milk producers, as to the advantage of taking out Grade A licences. Thus at the end of 1932 there were 28 producers of Grade "A" Milk on the County register, and during the year 4 licensees surrendered their licences, two on taking out Certified licences, one on removal to new premises, and one gave no reason. Only 4 new licences were issued. Twenty-five of the 28 also hold bottling licences. Systematic inspection of premises has been carried out during the year, and it is satisfactory to find that there was little if any cause for adverse comment as regards cleanliness of premises, equipment, cows and personnel.

The same remark however does not apply to record keeping—the registers of animals comprising the Grade "A" herd and showing production and disposal of Grade "A" Milk seems beyond the scope of a few of the licensees, and reminders have to be repeatedly given.

During the year, 181 samples of Grade "A" Milk were submitted for bacteriological examination by the County Inspectors, of which 162 or 89.5% were reported on favourably, the remaining 19 or 10.5% being below the Grade "A" standard.

The tabular statement which follows shows the samples examined since the first Grade "A" licence was issued by the County Council in 1924.

Bacteriological examination of Grade "A" Milk.

Year.	No. of Licensed Producers at end of each year.	Total Samples examined.	Up to Standard.	Below Standard.
1924.	2	6	3	3
1925.	5	32	19	13
1926.	10	69	52	17
1927.	20	98	72	26
1928.	23	115	89	26
1929.	22	137	120	17
1930.	25	128	106	22
1931.	25	157	134	23
1932.	28	168	144	24
1933.	28	181	162	19

It is important to know that the samples were not all collected at the place of production, some being obtained from the shops of retailers.

Of the 32 licensees who were on the register during the year, 18 had consistently good reports regarding their milk, 11 others each had one adverse report, 2 had two unsatisfactory samples each and one had 4 unsatisfactory samples.

The holders of licences under the terms of the Milk (Special Designations) Order, are obviously progressive and desirous of producing a clean sound milk, and so far as Grade "A" licensees in the Riding are concerned, it may be said they endeavour to supply milk up to or above the required standard. It is unsatisfactory that from a financial point of view, their interest and labour are not always suitably recompensed.

Examination of Grade "A" Milk for Tuberculosis.

In this examination of Grade "A" milk, only 1 positive result was found among the samples submitted by the County Sanitary Inspectors. This was notified to the Veterinary Staff who promptly dealt with the matter.

SUPPLY OF MILK TO SCHOOL CHILDREN.

The County scheme for supplying liquid milk in one-third pint bottles to school children still retains much of its popularity, and from the small number of schools where "dried" milk is in use, it is understood that requests have been received for a change to liquid milk. As these schools are extremely small and situate in sparsely populated parts, the numbers of bottles of milk required are very few, ranging down to 4 or 5 per day, consequently it is sometimes difficult to secure a suitable farmer to supply this small quantity.

The following tabular statement, which covers the period from 1st November, 1932 to October 31st, 1933, gives some idea of the extent of the scheme.

Grade or Class of Milk.	Number of Contractors	Approximate number of bottles supplied daily.	Total of bottles supplied during the above period.
Certified	1	80	9,008,435
Grade "A"	3	3,000	
Pasteurised	8	22,000	
Ordinary	55	19,000	

It is required by the contract of the County Supplies Committee that the premises and equipment of persons who supply milk to schools shall conform with certain reasonable standards laid down by the County Medical Officer, while methods must also be such as to secure that the milk supplied is clean. A copy of these requirements is given to every prospective contractor.

Before any contract is entered into, premises, equipment and methods are inspected by the County Inspectorial Staff, who are always prepared to give advice. The premises of contractors are also revisited at intervals. Samples of the milk supplied are obtained periodically for bacteriological examination and on each occasion a copy of the report is sent to the contractor. During the period under review, 405 samples were taken, and the following table gives the results of these examinations.

Designation	Samples taken.	Satisfactory.		Unsatisfactory.	
		Number.	Percentage of whole.	Number.	Percentage of whole.
Certified	4	4	100.0	0	0
Grade "A" T.T.	1	1	100.0	0	0
Grade "A"	19	17	89.47	2	10.53
Pasteurised	57	35	61.40	22	38.60
Ordinary	324	235	72.53	89	27.47
Totals	405	292	72.1	113	27.9

The standards adopted for school milk are as follows:—

Certified. Not to contain more than 30,000 bacteria per c.c., or any coliform bacilli in 1/10 c.c.
Grade "A" (Tuberculin Tested). Not to contain more than 200,000 bacteria per c.c. or any coliform bacilli in 1/100 c.c.

Grade "A." Not to contain more than 200,000 bacteria per c.c., or any coliform bacilli in 1/100 c.c.

Grade "A" Pasteurised. Not to contain more than 30,000 bacteria per c.c., or any coliform bacilli in 1/10 c.c.

Pasteurised. Not to contain more than 100,000 bacteria per c.c., or any coliform bacilli in 1/100 c.c.

Other Milk. Not to contain more than 300,000 bacteria per c.c., or any coliform bacilli in 1/1000 c.c.

It will be seen that the results of the examination of pasteurised and ordinary milks cannot be regarded with equanimity. It is admitted in regard to pasteurised milk that the standard set up for school milk is more exacting than that contained in the Milk (Special Designations) Order 1923, but even so the standard required cannot be considered severe or impracticable. The operators of pasteurising plants, where reports have been unsatisfactory, would find it difficult to convince a well informed person that if the following points were observed satisfactory results would not inevitably follow, viz:—

1. Before pasteurisation, the milk should contain only a small number of bacteria, which in effect means that it must be produced and handled under cleanly conditions, quickly and effectively cooled, and the interval between its production and the "processing" should not be too long.
2. Pasteurisation does not rid milk of all its harmful bacteria, and is not in any way a substitute for the use of careful and cleanly methods in the production and handling of milk.
3. Intense care must be given to secure the thorough cleansing of all apparatus and utensils connected with the pasteurising plant, and unless this is done there can be no guarantee that the process will effect any reduction in the bacterial count; on the contrary the passing of milk through unclean apparatus may have the effect of introducing a larger dose of the organisms which it is intended to destroy.

4. The temperature to which the milk is heated, length of time, and the temperature at which it is held should be carefully controlled and automatically recorded.

In regard to pasteurising plants generally, it is considered that in order to secure uniformity the responsible authority should issue instructions or regulations stating exactly what conditions, both as regards buildings and apparatus, are necessary before a licence is granted. In the absence of such information, it is suggested that local authorities in licensing pasteurising plants should have in mind the following requirements:—

1. THE BUILDING AND ITS SITUATION.—The building containing the plant should be of ample size and, if possible, be so arranged that the milk will flow by gravity from where cans are emptied to the point where it is bottled or taken away for delivery and the site should not be in proximity to pig styes, stables or buildings used for similar purposes, and separate rooms should be provided for (1) receiving (2) pasteurising and cooling (3) bottling and (4) cleansing bottles, etc. and these apartments should be clean, well-lighted and ventilated.

2. PROTECTION FROM CONTAMINATION.—At all points during the process of handling, the milk should be protected against contamination from dirty utensils and apparatus or dust laden air. Especially is this necessary after the holding process is completed.

3. METHOD OF HEATING AND TEMPERATURE.—Preferably, the heating should be accomplished by an apparatus which is kept hot by means of heated water, and not by direct steam contact. The ideal arrangement is for the heating medium to have a temperature little if any higher than that to which it is desired to heat the milk. The heating apparatus, whatever its kind, should be capable of heating every particle of milk to a temperature which will never be below that to which it is the intention that it shall be heated. For instance, if it is intended to heat to 145°, the temperature should not fluctuate between 140° and 150°, but should remain constantly at 145°.

4. HOLDING APPARATUS.—This apparatus, whatever type, should be so constructed and operated that it definitely insures the holding of the whole of the milk for the desired length of time without any loss of temperature.

5. RECORDERS.—The temperature to which the milk is heated should be automatically recorded and controlled. A temperature recording device should be installed at the point where the milk leaves the heating apparatus and there should be a recorder attached to the outlet pipe from the holder. The latter indicates whether any great amount of heat has been lost during the holding process, and whether the apparatus is thoroughly heated before the milk is admitted. The above does not apply to a tank or batch pasteurizer. In this case a single recorder attached to the tank itself shows all that is necessary, and also indicates the time the milk has been held at the required temperature.

6. PUMPS AND PIPINGS.—The amount of milk piping in use should be reduced to the minimum. All piping should be arranged so as to be readily dismantled for cleansing, etc. If it is essential to use pumps they should also be capable of easy dismantling and cleansing. The use of pumps in connection with milk before treatment is less objectionable than their use for pasteurised milk.

7. COOLING.—The milk should be immediately and rapidly cooled, to a temperature of not more than 55°F. and preferably down to 40°F.

8. CLEANING OF APPARATUS AND CONTAINERS.—All apparatus used in handling milk should be carefully washed and sterilized after use. All containers, including cans, covers and bottles, should be thoroughly washed and sterilized. They should be then thoroughly dried and should be stored in clean, cold rooms, and there kept inverted or carefully covered until required for use.

9. HEALTHY EMPLOYEES.—All persons employed in handling the milk must be healthy and free from any infectious disease. They must be clean in their person and habits, and wear overalls and caps while dealing with the milk.

10. BOTTLE CAPPING.—The milk bottles, after filling, should be capped by clean machinery, thus avoiding as far as possible any personal contact with the milk after it is pasteurised.

With regard to the ordinary milk supplied to schools, it must be confessed that the results are on the whole disappointing. Some of the contractors are worthy of every praise for the efforts they make; others fail to apply properly their knowledge, so far as the regular production of clean milk is concerned, while some after a fairly good start, relapse, and in one or two instances contracts for the supply of school milk had to be cancelled during the year.

The examination of samples of school milk for the presence of B. Tuberculosis has continued, the table below giving details:—

School Milks Examined for B. Tuberculosis.
Year 1933.

Class of Milk.	No. of samples examined.	No. Positive.	Percentage Positive.
Certified	4	—	—
Grade "A," T.T.	1	—	—
Grade "A"	19	—	—
Pasteurised	57	1	1.75
Ordinary	324	7	2.16
Totals ...	405	8	1.97

In the case of positive samples, notification was transmitted to the Veterinary Staff, who took action to secure the elimination of the offending cows.

The usual chemical examinations of certain samples from each contractor were made, but no action was found necessary.

MILK AND DAIRIES CONSOLIDATION ACT, 1915.

Under the above Act a Medical Officer of Health of any local authority who has reason to suspect that tuberculosis is caused or is likely to be caused by the consumption of milk which is being sold within the West Riding Administrative Area shall endeavour to ascertain the source of supply, and on ascertaining the facts, at once notify the County Medical Officer. On receipt of such information arrangements are made forthwith with the Chief Veterinary Officer who institutes an examination of all milk producing animals on the farm.

Samples are collected from cows showing suspicious symptoms and group samples are also taken from the remainder of the herd which are examined in the County Laboratory.

Notifications were received during the year from the following:—

COUNTY BOROUGHs.					OTHER AUTHORITIES.				
Bradford	...	...	...	4	Goole M.B.	...	...	...	1
Burnley	...	...	...	1	Keighley M.B.	...	...	...	2
Huddersfield	...	...	...	3	Hemsworth	...	...	...	2
Leeds	...	...	...	3	Mexborough	...	...	...	1
Manchester	...	...	...	2	Morley M.B.	...	...	...	1
Rotherham	...	...	...	5	Wath-upon-Dearne	...	...	...	3
Salford	...	...	...	2	Hemsworth R.D.	...	...	...	1
Sheffield	...	...	...	23	Keighley R.D.	...	...	...	2
Wakefield	...	...	...	1	Wetherby R.D.	...	...	...	1
York	...	...	...	1					—
									59
									—

Food and Drugs (Adulteration) Act, 1928.
Quarterly Report of Samples taken during 1933.

District.	Sampling Officer.	Samples taken during 1933.				
		First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total
Harrogate	W. B. Greenwood	107	98	77	102	384
Mexborough	R. Hutchison	88	86	72	77	323
Mirfield	E. Ward	118	112	106	99	435
Pontefract	H. F. Wilkinson	97	68	99	111	375
Rothwell	T. A. Bramley	79	89	93	96	357
Shipley	W. Bates	100	98	93	90	381
Skipton	T. S. Roberts	87	92	86	82	347
Sowerby	E. Bell	93	82	99	88	362
Wombwell	A. Nobbs	106	91	80	88	365
Total samples taken by Sampling Officers ...		875	816	805	833	3,329
Local Authorities ..		174	212	155	344	885
Total Samples		1,049	1,028	960	1,177	4,214

The above total includes 33 "appeal to the cow" samples (i.e., samples direct from the farm at the time of milking), which frequently entails early morning visits. Of the 33 samples, 24 were obtained by our Sampling Officers and 9 by Local Authorities.

Excluding the "cow" samples, 2,243 samples of milk were collected by our Officers, and 804 by local Sanitary Inspectors, making a total of 3,047 and of this total 229 or 7.5 per cent., were adulterated.

Record of Samples for Five Years, 1924-1928 and for Five Years, 1929-1933.

Year.	Total samples submitted by		Total examined.	Total adulterated.	Percentage adulterated.
	County Council.	Local Authorities.			
1924	2880	687	3567	202	5.7
1925	2915	664	3579	192	5.4
1926	2926	588	3614	165	4.6
1927	2989	803	3792	172	4.5
1928	3034	792	3826	193	5.0
Average for 5 years, 1924-28.	2948	726	3675	185	5.0
1929	2807	796	3513	207	5.8
1930	3153	702	3855	187	4.8
1931	3241	741	3982	201	5.0
1932	3308	858	4166	232	5.5
1933	3305	876	4181	263	6.2
Average for 5 years, 1929-33.	3162	776	3939	218	5.4

It will be observed that 263 samples (or 6.4%) were reported against during the year, and these were 229 of milk and 34 others, viz:—Cream, 6; Cream of Tartar, 1; Sweets, 4; Pearl Barley,1; Potted Meat, 17; Rum, 2; Sweet Spirit of Nitre, 1; Tinned Cream, 1 and Vinegar, 1.

The extent of adulteration in many instances only necessitated a caution, but in regard to 10 samples of milk, 5 of Potted Meat, one of Cream, and two of Rum, proceedings were instituted.

Particulars of Milk Samples obtained by County Sampling Officers during the past Five Years.

Year.	Genuine.	Adulterated.	Total	Percentage Adulterated.
1929	2122	174	2296	7.6
1930	2225	159	2384	6.7
1931	2480	181	2661	6.7
1932	2175	151	2326	6.9
1933	2089	154	2243	6.8

Special Sampling.

Owing to a number of samples of potted meat being found unsatisfactory, 25 samples were taken from various parts of the Riding. Of these, 12 (or 48%) were reported against, and in five instances prosecutions ensued. Also 54 samples of spirits were purchased for analysis from 34 districts, and of this number 2 samples of rum were found to contain excess water, and in each case the vendor was prosecuted.

Milk Samples taken by Local Authorities.

The following table shows the number of samples submitted by Local Authorities, and with few exceptions, each authority submits samples of milk under an arrangement whereby the County Council pays for the cost of analysis of such samples, and conducts any subsequent proceedings:—

Baildon	...	...	1	Hebden Bridge	...	...	4	Stanley	...	...	20
Barnoldswick	...	...	48	Hemsworth	...	...	34	Swinton	...	...	1
Batley	...	...	65	Horsforth	...	...	9	Thurnscoe	...	...	4
Bentley	...	...	38	Hoyland Nether	...	...	25	Todmorden B.	...	...	9
Birstal	...	...	22	Ilkley	...	...	27	Wath-upon-Dearne	...	...	16
Bolton-on-Dearne	...	...	7	Keighley	...	...	30	Whitwood	...	...	13
Brighouse	...	...	51	Mexborough	...	...	20	Worsborough	...	...	4
Castleford	...	...	13	Normanton	...	...	8	Yeadon	...	...	3
Cudworth	...	...	10	Ossett	...	...	3	Hemsworth R.	...	...	28
Elland	...	...	44	Pudsey	...	...	10	Kiveton Park R.	...	...	28
Featherstone	...	...	1	Retford	...	...	4	Knaresborough R.	...	...	11
Harrogate	...	...	133	Rothwell	...	...	50	Ripon R.	...	...	3
Haworth	...	...	10	Royston	...	...	6				

Vaccination of Children whose Births were registered from 1st January to 31st December, 1932, inclusive.

Name of Vaccination Officer	Vaccination District	Number of Births returned in the "Birth List Sheets" as registered from 1st January to 31st December 1932	Number of these Births duly entered by 31st January, 1934, in Columns I, II, IV, and V of the "Vaccination Register" (Birth List Sheets), viz.					Number of these Births which on 31st January, 1934, remained unentered in the "Vaccination Register" on account (as shown by "Report Book") of			Number of these Births remaining on 31st Jan., 1934, neither duly entered in the "Vaccination Register" (columns 3, 4, 5, 6 and 7 of this Return) nor temporarily accounted for in the "Report Book" (columns 8, 9 and 10 of this Return)	Total number of Certificates of Successful Primary Vaccination of Children under 14 received during the Calendar Year 1933	Number of Statutory Declarations of Conscientious Objection actually received by the Vaccination Officer irrespective of the dates of birth of the children to which they relate, during the Calendar Year, 1933.	Number of Children vaccinated after declaration of Conscientious Objection had been made.	Total number of Certificates of Successful Vaccination for year 1933 sent to other Vaccination Officers.
			Column I Successfully Vaccinated	Column II Insusceptible of Vaccination Had Smallpox		Column IV Number in respect of whom Statutory Declarations of Conscientious Objection have been received	Column V Died Unvaccinated	Postponement by Medical Certificate	Removal to Districts, the Vaccination Officers of which have been duly apprised	Removal to places unknown, or which cannot be reached; and Cases not having been found					
W. Roberts ...	Bowland Rural ...	45	18	—	—	24	1	—	—	2	—	19	23	—	—
M. A. Hargreaves ...	Do. ...	7	4	—	—	3	—	—	—	—	—	8	4	—	—
J. Peters ...	Do. ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—
G. Kayley ...	Garsdale (Sedbergh) ...	10	2	—	—	8	—	—	—	—	—	1	4	—	—
W. Batty ...	Sedbergh ...	49	22	—	—	22	2	1	—	1	1	16	33	—	—
W. Slinger ...	Bentham (Settle) ...	90	30	1	—	51	2	—	1	—	5	35	43	—	6
C. Parker ...	Settle and Long Preston	90	43	—	—	40	5	—	2	—	—	49	51	—	2
G. J. Harker ...	Grassington (Skipton)	28	13	—	—	12	1	1	1	—	—	15	13	—	—
S. H. Day ...	Kettlewell (Skipton) ...	9	6	—	—	3	—	—	—	—	—	5	2	—	—
G. D. Hunt ...	Gargrave (Skipton) ...	30	19	1	—	7	1	1	—	1	—	9	8	—	1
J. E. Atack ...	Addingham (Skipton) ...	52	12	—	—	37	1	1	—	1	—	12	19	—	—
D. Slater ...	Barnoldswick, etc. (Skipton)	457	34	1	—	378	26	8	3	4	3	29	387	1	2
T. C. Crawhall ...	Gt. Ouseburn ...	510	244	3	—	178	19	—	53	11	2	233	177	1	10
J. Clark ...	Knarborough ...	151	69	—	—	69	4	—	6	3	—	93	57	1	19
Mrs. M. E. Bowes	Harrogate ...	522	222	3	—	251	14	7	8	17	—	236	303	—	18
T. Millward ...	Pateley Bridge ...	96	58	—	—	30	3	—	1	2	2	38	24	—	7
F. S. Metcalfe ...	Ripon ...	200	99	—	—	89	5	2	5	—	—	90	78	—	3
W. Bortoft ...	Tadcaster ...	170	122	—	—	41	5	1	1	—	—	110	19	—	11
W. Wormald ...	Aberford ...	291	131	—	—	148	7	1	2	2	—	171	136	—	25
S. C. Mellor ...	Wetherby ...	216	131	3	—	61	7	2	2	10	—	113	61	—	26
R. A. Wilkinson ...	Bishopthorpe ...	29	14	—	—	15	—	—	—	—	—	13	15	—	2
G. C. Clarke ...	Horsforth ...	224	78	2	—	105	9	15	13	2	—	121	124	—	24
H. Wood ...	Ilkley and Otley ...	351	137	4	—	153	8	5	8	17	19	151	154	—	4
M. Rennard ...	Yeadon ...	253	31	2	—	181	16	—	—	3	20	37	209	—	—
J. A. Sharp ...	Keighley ...	687	20	—	—	603	54	3	6	1	—	20	568	—	—
Miss A. Hartley ...	Bingley ...	192	13	—	—	174	4	—	1	—	—	26	161	—	9
W. H. Ogden ...	Haworth ...	77	1	—	—	71	4	1	—	—	—	4	63	—	—
L. M. Greenwood	Wilsden ...	39	1	—	—	35	2	—	—	—	1	3	43	—	—
C. W. Calverley ...	Farsley ...	99	42	1	—	46	8	—	2	—	—	48	42	1	7
H. Darnbrough ...	Drighlington ...	44	6	—	—	33	5	—	—	—	—	8	44	—	—
A. Hotchin ...	Pudsey ...	157	64	1	—	71	9	—	2	10	—	48	63	—	8
L. Clough ...	Shipley ...	484	62	1	—	369	26	8	2	8	8	57	433	—	8
F. Higginson ...	Cleckheaton ...	149	13	2	—	131	2	1	—	—	—	12	120	—	1
F. Madders ...	Sowerby ...	380	50	3	—	292	23	3	—	3	6	49	277	—	6
A. Sutcliffe ...	do. ...	356	23	—	—	280	16	3	—	—	34	66	279	1	21
J. H. Hindle ...	Todmorden ...	337	53	—	—	265	10	4	—	5	—	51	306	—	7
W. H. Holt ...	Batley and Gomersal ...	643	103	8	—	474	33	7	3	1	14	72	507	1	2
Miss G. Wormald	Gildersome ...	23	8	—	—	13	2	—	—	—	—	13	21	—	7
H. Jackson ...	Liversedge ...	305	56	—	—	235	11	1	2	—	—	55	225	—	2
E. R. Brearley ...	Mirfield ...	126	39	3	—	75	7	—	2	—	—	48	78	—	3
Miss E. W. Haigh	Morley ...	331	57	—	—	259	11	2	2	—	—	58	246	1	5
J. T. Smith ...	Ossett ...	176	42	—	—	119	1	—	—	14	—	38	104	—	7
H. S. Johnson ...	Horbury and Normanton, etc. ...	1,348	446	4	—	757	86	10	6	20	19	418	722	—	14
Mrs. L. I. Dodsworth	Hemsworth East ...	709	246	1	—	405	35	5	—	17	—	215	421	1	3
I. Scott ...	Do. West ...	686	299	2	—	295	38	8	—	44	—	305	296	—	20
E. G. Lowden ...	Pontefract ...	1,912	525	6	—	1,224	89	—	—	68	—	409	1,283	2	30
H. S. Miller ...	Goole ...	584	152	6	—	381	18	5	4	18	—	130	387	1	—
W. B. Weaver ...	Selby ...	245	107	1	—	121	10	1	—	5	—	101	137	—	3
F. Grisedale ...	Bolton-upon-Dearne	1,444	394	3	—	909	89	3	15	23	8	367	917	2	13
A. J. Thorsby ...	Bawtry and Tickhill	705	263	—	—	236	23	—	3	180	—	313	246	—	20
J. Thurgood ...	Adwick-le-Street	821	180	—	—	473	39	20	1	51	57	222	374	—	20
H. E. Newton ...	Thorne ...	835	167	1	—	532	56	15	2	38	24	131	414	—	14
E. Hammerton ...	Darfield and Darton	1,272	353	—	—	795	90	12	2	9	11	378	869	—	22
W. Taylor ...	Worsborough ...	376	125	2	—	224	18	—	3	4	—	118	229	—	3
B. J. B. Marsden ...	Stocksbridge ...	206	49	1	—	144	12	—	—	—	—	47	125	—	13
J. J. Taylerson ...	Wortley ...	39	19	—	—	19	—	—	—	1	—	21	23	—	1
H. Dowson ...	Ecclesfield ...	191	83	—	—	81	12	—	—	7	8	68	106	—	3
H. Redfearn ...	Penistone ...	218	50	—	—	144	12	—	—	11	1	65	136	—	4
E. Firth ...	Colne and Holme Valley	690	162	1	—	498	22	4	—	2	1	181	466	—	4
A. Smith ...	Saddleworth ...	100	17	—	—	78	4	—	—	—	—	13	83	—	4
Miss J. Lees ...	Springhead ...	52	7	1	—	41	3	—	—	—	—	6	39	—	—
F. S. Butcher ...	Rotherham Rural ...	291	114	—	—	158	14	—	3	1	1	117	141	—	11
W. J. Blyth ...	Rawmarsh ...	366	43	3	—	271	16	7	4	2	20	47	241	—	1
G. C. Hearn ...	Maltby ...	533	143	3	—	345	20	2	5	6	9	109	390	—	6
T. H. Harrison ...	Wath-upon-Dearne	494	66	1	—	386	26	—	3	3	9	75	381	—	7
C. F. Airey ...	Anston ...	246	41	—	—	191	5	—	2	2	5	67	181	—	2
		22,848	6,243	75	—	14,159	1,101	170	181	630	289	6,204	8,607	13	471

PUBLIC VACCINATION.

A summary of the yearly returns supplied by Vaccination Officers for the past four years gives the following information:—

Year.	No. of Births in the Administrative County Area.	No. of Certificates of successful vaccination.	No. of Certificates of insusceptibility.	No. of Statutory Declarations of Conscientious Objection.	Others.
1929	24,775	7,576 (30·6%)	88	14,002 (56·5%)	3,109
1930	24,843	7,340 (29·5%)	84	14,801 (59·6%)	2,618
1931	23,652	6,630 (28·03%)	82	14,443 (61·1%)	2,497
1932	22,848	6,243 (27·3%)	75	14,159 (61·75%)	2,082

There are 159 Public Vaccinators under contract to perform vaccinations and re-vaccinations in the 170 vaccination districts, and at the 19 County Institutions.

There are also 65 Vaccination Officers, 17 of whom are paid by salary and 48 by fees. Three hold appointments with neighbouring County Boroughs and 54 are Registrars of Births and Deaths, or have appointments under the Public Assistance Committee.

The tables set out below indicate the work done under the Vaccination Acts in the Administrative County Area during the year ended 30th September, 1933.

	No. of successful primary vaccinations of persons.			No. of successful re-vaccinations.
	Under 1 year of age.	1 year and upwards.	Total.	
Performed by Public Vaccinators	4770	291	5061	183
Performed by Medical Officers of County Institutions ...	16	14	30	—
	4786	305	5091	183

Detailed figures relating to the vaccinations and re-vaccinations performed by each Public Vaccinator and Medical Officer of a County Institution are given below:—

VACCINATIONS PERFORMED IN COUNTY INSTITUTIONS, YEAR ENDED 30TH SEPTEMBER, 1933.

Name of County Institution.	Name of Medical Officer.	Primary Vaccinations			Re-vaccinations.
		Under 1 year.	1 year and upwards.	Totals.	
Great Ouseburn	J. M. Benson	—	—	—	—
Hemsworth	T. C. A. Sweetnam	2	—	2	—
Keighley	T. L. Walker	—	—	—	—
Knaresborough	C. H. Steinbach	—	—	—	—
Penistone	A. A. Masser	—	—	—	—
Pontefract	G. Burnett	1	—	1	—
Saddleworth	J. Loftus	2	2	4	—
Sedbergh	T. W. Rothwell	—	—	—	—
Settle	B. S. Hyslop	—	—	—	—
Skipton	W. H. Robinson	—	—	—	—
Tadcaster	J. P. Scatchard	—	—	—	—
Todmorden	H. Thorp	1	9	10	—
Wetherby	J. A. Hargreaves	—	—	—	—
Wharfedale	W. H. Galloway	—	—	—	—
Goole	A. M. Erskine	3	3	6	—
Ripon	S. Hey	—	—	—	—
Selby	O. L. Scarborough	5	—	5	—
Thorne	C. D. Walker	1	—	1	—
Wortley	A. Anderson	1	—	1	—
		16	14	30	—

Vaccinations Performed in Vaccination Districts, Year ended 30th September, 1933.

Name of Vaccination District.	Public Vaccinator.	Primary Vaccinations.			Re-vaccinations.
		Under 1 year.	1 year and upwards.	Totals.	
<i>Area No. 1.—Ewecross.</i>					
Sedbergh	T. W. Rothwell	6	—	6	3
Dent	C. A. Allan	2	—	2	—
Slaidburn	J. T. Bleasdel	—	—	—	—
Gisburn	J. T. Bleasdel	12	1	13	1
Mitton	T. G. S. Harkness	—	—	—	—
Long Preston	E. H. Marsh	5	—	5	1
Austwick	T. Lovett	2	—	2	—
Arncliffe	K. C. Crosbie	1	—	1	—
Bentham	A. J. Troughton	10	3	13	1
Malham	H. Wales	7	—	7	1
Ingleton	G. J. Marks	21	—	21	—
Settle	B. S. Hyslop	20	1	21	6
<i>Area No. 2.—Staincliffe.</i>					
Skipton	N. A. Macleod	4	—	4	—
Addingham	W. L. Crabtree	7	—	7	—
Barnoldswick	J. Pickard	3	5	8	—
Cowling	C. Clyne	4	—	4	—
Gargrave	H. Wales	16	—	16	1
Grassington	K. C. Crosbie	16	1	17	1
Silsden	M. Purcell	—	—	—	—
Earby	A. McKay Niven	1	1	2	—
<i>Area No. 3.—Claro.</i>					
Green Hammerton	J. A. Smorfitt	27	—	27	—
Boroughbridge	F. P. Rust	27	2	29	1
Acomb	J. S. Dudgeon	10	—	10	1
Great Ouseburn	J. M. Benson	8	—	8	—
Sharow	S. Hey	4	—	4	—
Ripon	P. A. Steven	40	7	47	—
Kirkby Malzeard	R. G. M. Harvey	11	—	11	—
Knareborough	D. F. Dobson	37	1	38	—
Harrogate (part)	S. Foskett	66	5	71	1
do. (Starbeck)	S. C. Wilkinson	4	3	7	4
Ripley	S. Foskett	7	—	7	—
Bishopside	C. A. Flintoff	15	—	15	1
Birstwith	E. G. Campbell	—	—	—	—
<i>Area No. 4.—Barkston Ash.</i>					
Bishopthorpe	T. H. Barton	7	1	8	—
Sherburn	Wm. Murphy	42	2	44	—
Kippax	C. C. Hargreaves	56	—	56	—
Aberford	C. H. Sykes	66	—	66	1
Tadcaster	J. P. Scatchard	37	1	38	1
Boston Spa	R. W. Lee	36	19	55	7
Harewood, Sicklinghall	O. F. Barr	2	1	3	1
Thorner	O. D. Beetham	19	1	20	1
Wetherby	J. A. Hargreaves	38	1	39	1
<i>Area No. 5.—Skyrack.</i>					
Baildon	E. G. Firth	4	—	4	—
Ilkley	T. B. Hearder	19	1	20	2
Yeadon	A. J. I. Muschamp	9	—	9	—
Horsforth	D. W. E. Burridge	29	18	47	—
Otley	W. H. Galloway	68	4	72	1
<i>Area No. 6.—Worth Valley.</i>					
Keighley	F. Villy	8	2	10	1
Bingley (part)	J. M. Crocker	20	—	20	3
Cullingworth	J. M. Crocker	—	—	—	—
Haworth	J. E. Baird	6	1	7	—
Steeeton	C. Clyne	1	1	2	—
<i>Area No. 7.—East Morley.</i>					
Hunsworth	J. A. Hope	—	—	—	—
Drighlington	H. D. Merrington	19	—	19	1
Calverley	N. A. A. Hughes	9	—	9	—
Wilsden	G. Marquis	2	—	2	—
Farsley	T. H. Elmer	18	2	20	—
Shipley	O. D. Ballinger	18	—	18	—
Denholme	A. H. Stewart	1	1	2	—
Pudsey	E. T. Hyland	44	6	50	3
<i>Area No. 8.—Calder.</i>					
Sowerby Bridge	V. C. Meyer	6	1	7	—
Elland	A. G. Gamble	10	1	11	—
Stainland	N. C. Beaumont	7	2	9	—
Brighouse	C. M. Stallard	29	—	29	2
Shelf	J. J. Murphy	—	1	1	1
Queensbury	G. C. Sharp	5	1	6	—
Midgley	C. S. Ogilvy	9	3	12	1
Barkisland	A. J. W. Stephen	8	—	8	—
Todmorden	H. Thorp	19	3	22	1
Hebden Bridge	F. J. Dowdall	14	2	16	2
Mytholmroyd	S. T. Henderson	5	1	6	—

Name of Vaccination District.	Public Vaccinator.	Primary Vaccinations.			Re-vacci-nations.
		Under 1 year.	1 year and upwards.	Totals.	
Area No. 9.—Spen Valley.					
Liversedge	R. M. Beatty	24	1	25	1
Birstal	A. Dick	9	—	9	—
Gildersome	H. D. Merrington	—	—	—	—
Batley	H. Keighley	52	8	60	71
Heckmondwike	J. Ewing	15	1	16	—
Mirfield	J. E. H. West	41	1	42	1
Morley	W. S. Sykes	31	1	32	—
Birkenshaw	E. M. Whitehead	7	1	8	—
Ossett	W. L. R. Wood	31	2	33	—
Cleckheaton	A. L. Mitchell	7	1	8	—
Area No. 10.—Lower Agbrigg.					
Horbury	J. N. U. Russell	20	—	20	—
Normanton	N. S. Twist	72	3	75	2
Criggilestone	A. M. Duff	48	1	49	—
Walton	D. Downie	9	—	9	—
Stanley	J. D. Bottomley	75	—	75	1
Emley	C. H. Smith	19	1	20	—
Crofton	T. E. Lister	38	3	41	—
Ardsley	J. J. Jackson	48	9	57	—
Rothwell	H. Stevenson	22	1	29	2
Oulton	C. H. Seville	12	1	13	—
Area No. 11.—Osgoldcross.					
Heck	F. G. Creaser	13	1	14	—
Knottingley	J. Kehelly	94	—	94	2
Pontefract	G. Burnett	75	—	75	1
Methley	E. W. L. White	22	—	22	—
Featherstone	Wm. Steven	62	1	63	1
Castleford	J. J. W. Campbell	107	5	112	—
Brotherton	T. McCarthy	39	—	39	—
Kirksmeaton	J. Malloch	8	—	8	—
South Elmsall	E. J. H. Sullivan	176	3	179	2
Ryhill	S. Hodgkinson	70	—	70	—
Brierley	J. L. Elliott	92	3	95	—
Great Houghton	W. F. L. Castle	19	2	21	—
Hemsworth	T. C. A. Sweetnam	71	—	71	3
Kinsley	M. B. Taylor	50	3	53	3
Ackworth	E. M. Hime	23	2	25	3
Area No. 12.—Goole and Selby.					
Drax	F. G. Creaser	16	1	17	—
Selby	O. L. Scarborough	57	4	61	—
Snaith	F. G. Creaser	40	1	41	—
Swinefleet	W. Eardley	12	—	12	—
Goole	A. M. Erskine	20	1	21	2
Eastoft	J. C. T. Crowden	1	—	1	—
Area No. 13.—Don Valley.					
Bolton-on-Dearne	J. K. T. Mills	48	5	53	—
Mexborough	J. J. Huey	19	2	21	—
Tickhill	A. C. Lindsay	17	—	17	—
Bentley-with-Arksey	B. Lyons	32	9	41	—
Conisbrough	W. J. Maclure	307	22	329	2
Askern	J. Malloch	73	6	79	5
Adwick-le-Street	D. Malloch	76	6	82	1
Thurnscoe	F. J. Boyle	54	2	56	—
Brodsforth	R. B. Radcliffe	5	—	5	—
Armthorpe	H. F. Renton	80	—	80	2
Bawtry	W. F. Ward	82	2	84	2
Hatfield	C. D. Walker	39	1	40	—
Thorne	J. M. Taylor	53	1	54	3
Stainforth	R. M. L. Anderson	43	1	44	—
Area No. 14.—Staincross.					
Hoyland	H. R. L. Allott	58	5	63	—
Worsborough	H. A. L. Banham	64	—	64	1
Cudworth	J. L. Elliott	80	2	82	—
Darfield	W. F. L. Castle	11	1	12	—
Dodworth	G. N. Maclaren	37	4	41	—
Darton	R. Millar	40	1	41	—
Wombwell	J. C. Pickup	32	—	32	—
Hoyland	H. N. Ritchie	55	—	55	3
Royston	H. B. Pare	54	1	55	1
Bradfield	J. A. R. Thompson	19	—	19	—
Stannington	N. MacPhail	17	—	17	—
Loxley	T. A. H. Smith	—	—	—	—
Chapelton	H. Sands	56	1	57	—
Grenoside	J. Smail	41	—	41	—
Stocksbridge	A. E. Goldie	31	2	33	—
Tankersley	H. Ritchie	—	—	—	—
Wortley	T. H. Easton	4	—	4	—
Silkstone	F. L. Whincup	8	—	8	—
Clayton West	R. N. Farrer	—	—	—	—
Thurgoland	T. H. Easton	10	—	10	3
Penistone	A. A. Masser	18	1	19	—

Name of Vaccination District.	Public Vaccinator.	Primary Vaccinations.			Re-vaccinations
		Under 1 year.	1 year and upwards.	Totals.	
<i>Area No. 15.—Upper Agbrigg.</i>					
Kirkburton	J. A. Stephens	16	1	17	—
Skelmanthorpe	D. Bell	9	1	10	—
Shepley	M. M. Dey	7	1	8	—
Holmfirth	W. D. Galloway	13	—	13	1
Scholes	E. Trotter	24	14	38	1
Honley	W. H. Smailes	7	—	7	—
Meltham	P. MacGirr	10	5	15	1
Slaithwaite	R. N. Kirk	10	11	21	—
Golcar	S. Hall	19	1	20	—
Marsden	G. R. Aspinwall	14	1	15	—
Kirkheaton	S. Prior	3	1	4	—
Springhead	J. G. Oliver	7	—	7	—
Saddleworth	J. Loftus	6	—	6	1
<i>Area No. 16.—Rother Valley.</i>					
Brinsworth	R. G. Selby	52	1	53	—
Thurcroft	G. S. L. Kemp	35	—	35	1
Greasbrough	D. N. Ryalls	2	—	2	—
Wentworth	H. M. Mills	5	—	5	—
Wath-on-Dearne	T. Crowley	27	5	32	—
Rawmarsh	D. P. K. Jockel	34	2	36	—
Maltby	W. L. Dibb	31	1	32	4
Swinton	C. J. H. Aitken	22	—	22	2
Thrybergh	G. H. Sedgwick	66	—	66	—
Harthill, Anston	J. N. Clark	52	2	54	1
		4,770	291	5,061	183

Work of Public Assistance District Medical Officers, 1933.

Guardians Committee Area.	Acreage.	Population. 1931 Census	No. of District Medical Officers.	No. of attendances on assisted persons.		
				At their homes.	At surgery.	Total
1. Ewecross	288079	23945	11	771	572	1343
2. Staincliffe	159261	53717	8	2090	628	2718
3. Claro	213890	89250	13	2069	982	3051
4. Barkston Ash	143442	53541	9	2325	1205	3530
5. Skyrack	64641	72343	5	887	632	1519
6. Worth Valley	39443	81678	6	2185	918	3103
7. East Morley	12560	62862	8	762	402	1164
8. Calder	78978	123722	14	3336	1972	5308
9. Spen Valley	22177	137936	10	3295	2247	5542
10. Lower Agbrigg	41345	93489	15	6865	4258	11123
11. Osgoldcross	88853	157084	14	15261	14912	30173
12. Goole and Selby	76299	45032	5	1619	921	2540
13. Don Valley	137061	178047	15	11647	8346	19993
14. Staincross	117288	143786	19	6073	5209	11282
15. Upper Agbrigg	78237	98558	17	1855	1003	2858
16. Rother Valley	63504	115415	13	5389	8348	13737
Totals	1625058	1530405	182	66429	52555	118984

Public Assistance District Medical Service.

In last year's report reference was made to certain difficulties connected with the work of Public Assistance District Medical Officers, and it is satisfactory to record that the County Council has seen fit to bring about radical changes in certain directions. In the majority of cases the terms of appointment and remuneration of district medical officers, fixed by the late Boards of Guardians very many years ago, had remained unchanged. Since that time rural districts, sparsely populated, have become industrial areas. New communities have sprung up and these factors, together with the tremendous increase in unemployment following upon the war, have brought about a considerable increase in the amount of medical attention upon poor persons. After numerous conferences and interviews with representatives of district medical officers in the County service, reports were presented to the Public Assistance Committee. The Committee appreciated the great difficulty of arriving at a basis of remuneration which would be equitable in its application to all parts of the County, having regard to the scattered country districts with widely spread population, the industrial areas with more concentrated communities, and the presence or absence of unemployment. The question of an "open choice" scheme of panel doctors similar to that under the National Health Insurance Acts was examined, but as it appeared doubtful whether the district medical officers themselves or the Committee would concur in this project, the proposal was abandoned. Finally, after every avenue of approach had been explored, it was decided to adopt as a guide the amount of 2/- per "service." The expression "service" was accepted as meaning visit to home, consultation at surgery, or issue of certificate after medical examination. For a number of reasons, including the absence of reliable records as to work done by certain district medical officers, it was impossible to adhere strictly to the 2/- basis, and in some cases the amount granted exceeded this sum, and in others the amount was less.

The South Yorkshire area presents difficulties peculiar to itself, and the Committee still has under consideration certain districts, in particular the Don and Rother Valley areas where it may be necessary to appoint additional medical men, and it is expected that action in this direction will be taken as soon as the observations of the Local Guardians Committees have received due consideration.

Towards the end of the year the County Council sanctioned a scheme for the supply of drugs and dressings by prescription on similar lines to that of the panel system under the National Health Insurance Acts. Previously district medical officers were required to supply ordinary drugs and dressings and to bear the cost out of their own pockets. The new scheme has now been in operation for six months. It has proved a great boon to the district medical service both from the point of view of the patient and that of the doctor, and it may be mentioned that many expressions of appreciation from the medical men concerned have been received. The cost of the scheme will be approximately £3,000 per annum.

Public Assistance Institutions.

The following tabular statements set out briefly the work undertaken in the sick and infirm wards of the County Public Assistance Institutions.

Wherever possible patients in need of surgical interference have been transferred to the County Hospital at Wakefield for operation. Otherwise when this has been impracticable owing to the possibility of fatigue resulting from travelling long distances, or to waste of valuable time, patients have been admitted to the nearest voluntary hospital.

No change worthy of special note has taken place in the system of administration of the hospitals and no step in the direction of treating the sick otherwise than under the Poor Law Acts has been made as yet.

At the time of writing (July 1934) a medical officer of the Ministry of Health, Dr. Donelan, has recently completed a careful survey of the Public Assistance institutional accommodation. This survey formed part of a general inspection of the health services which is being carried out by Ministry of Health medical officers in all parts of the country. A report upon the findings of the Ministry's medical officer will be sent to the County Council in due course.

A short reference to hospital treatment of the sick and the urgency of this question is made in the introductory letter to this report.

	Able-bodied		Infirm.		Sick		Maternity	Mental		Receiving and isolation wards		Hosp. Nursery	Tuberculosis	Healthy children under 3 years
	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.			
Available accommodation	754	412	600	386	786	757	57	141	153	89	54	136	98	137
Beds occupied 31. 12. 33.	506	237	461	248	601	629	10	133	153	27	8	105	36	58

BRIEF ANALYSIS OF CASES MAINTAINED DURING THE YEAR (EXCLUDING ABLE-BODIED AND CASUALS).

Type of Case.	Name of Institution.																				Total
	Settle	Skipton	Knarborough	Ripon	Great Ouseburn	Tadcaster	Wetherby	Otley	Keighley	Clayton	Todmorden	Staincliffe Batley	Wakefield	Pontefract	Hemsworth	Goole	Selby	Penistone	Grenoside	Saddleworth	
Sick (Acute and Chronic) ...	58	273	158	69	19	47	31	181	587	437	144	531	811	497	193	213	60	44	73	47	4473
Infirm ...	21	80	147	26	29	44	30	113	133	161	101	222	235	129	74	63	30	18	26	13	1695
Mental ...	34	16	2	5	—	3	—	—	150	77	11	148	35	48	11	9	11	2	26	4	592
Maternity ...	2	6	9	2	—	2	—	5	270	19	7	47	28	13	13	10	13	3	2	—	451
Other Cases ...	7	1	1	11	2	6	3	17	20	16	14	57	29	46	5	18	42	—	—	3	298
Totals ...	122	376	317	113	50	102	64	316	1160	710	277	1005	1138	733	296	313	156	67	127	67	7509

Number of Deaths.

Sick (Acute and Chronic) ...	17	28	48	14	1	8	6	35	104	88	47	188	168	78	27	38	25	6	11	6	943
Infirm ...	3	17	23	6	2	7	1	17	34	25	2	34	47	22	13	6	2	3	4	—	268
Mental ...	—	—	2	1	—	—	—	—	1	2	—	12	—	—	—	—	—	—	—	—	18
Maternity ...	—	—	—	—	—	—	—	—	2	—	—	2	1	—	—	—	2	—	—	—	7
Other Cases ...	1	1	1	—	—	1	—	1	—	1	3	6	—	6	—	5	1	—	—	—	27
Totals ...	21	46	74	21	3	16	7	53	141	116	52	242	216	106	40	49	30	9	15	6	1263

PART II.

DR. P. L. SUTHERLAND—Bacteriologist and Pathologist.

THE WORK OF THE BACTERIOLOGICAL
LABORATORY.

The Total number of specimens examined in the Laboratory during the year 1933, was 37,329.

This number includes 4,445 specimens received from the County Boroughs of Barnsley, Dewsbury, Halifax and Wakefield, the Ministry of Health, and from the Dewsbury and Heckmondwike Joint Waterworks Board.

The following table shows the number of specimens of different kinds examined during each month of the year.

Month	Serum Reaction for Enteric Fever.	Sputum for Tubercle Bacilli	Suspected Diphtheria	Venereal Disease	Miscel- laneous	Total
January	48	534	1,050	287	960	2,879
February	54	564	934	341	934	2,827
March	90	725	1,166	377	961	3,319
April	57	503	855	349	720	2,484
May	111	672	1,224	467	978	3,452
June	87	524	1,149	335	821	2,916
July	75	511	1,334	338	818	3,076
August	48	437	987	379	667	2,518
September	108	462	1,077	399	680	2,726
October	81	549	1,826	435	941	3,832
November	63	545	2,048	490	989	4,135
December	24	397	1,733	335	676	3,165
Total	846	6,423	15,383	4,532	10,145	37,329

The next table gives the figures for 1933 in comparison with those for the previous six years:—

Year.	Serum Reaction for Enteric Fever	Sputum for Tubercle Bacilli	Suspected Diphtheria	Venereal Disease	Miscel- laneous	Total
1927	2249	5566	6633	3330	4721	22499
1928	1710	5552	9969	3746	4562	25539
1929	2115	5380	10934	3684	4898	27011
1930	1419	5722	13786	4028	5239	30194
1931	1080	5862	11323	3828	8319	30412
1932	1545	5983	14750	4132	11128	37538
1933	846	6423	15383	4532	10145	37329

Examinations made for other Authorities.

The following table gives the number of examinations made for other authorities, exclusive of Venereal Diseases Examinations, which are given in detail on page 45.

Examinations made for other Authorities.

Authority	No. of Specimens	Cost to Authority		
		£	s.	d.
Barnsley C.B.	149	70	6	0
Dewsbury C.B.	1,000	127	5	6
Halifax C.B.	21	4	19	6
Wakefield C.B.	1,719	222	10	0
Ministry of Health	14	3	3	0
Dewsbury and Heckmondwike Joint Waterworks Board	6	3	0	0
	2,909	431	4	0

ENTERIC FEVER.

Examination for Widal reaction.—During the year, 846 specimens of blood were tested for the Widal reaction for the diagnosis of typhoid fever and para-typhoid fever. In each case the blood was tested against B. typhosus, B. paratyphosus A, and B. paratyphosus B. 45 specimens gave a positive agglutination with B. typhosus, 8 with B. paratyphosus A, and 40 with B paratyphosus B.

It is to be noted however, that these results do not give a true indication of the relative proportion of cases of typhoid fever and of paratyphoid fever, as most of the samples of blood received at the laboratory are very small and are only suitable for the microscopic method of examination in one dilution. By this method, owing to cross agglutination, it is often impossible to distinguish between the two diseases.

When suitable samples of blood are sent, the test is performed by the macroscopic method which enables a reliable distinction to be made between these diseases.

Examination for *B. typhosus* and *B. paratyphosus* A. and B.—The number of specimens examined for organisms of the typhoid group was 1215. These consisted chiefly of samples of urine and fæces from convalescent cases and from suspected “carriers.” Of these 12 specimens of urine and 11 of fæces were found to contain *B. typhosus*, and 2 of urine and 11 of fæces were found to contain *B. paratyphosus* B.

DYSENTERY.

12 specimens of fæces were examined with positive result in 3 cases. Of these one case, a child age 4, was of the Sonne Type and proved fatal. The other two were of the Flexner Type X.

FOOD POISONING.

46 specimens (8 of food, 10 of urine and 28 of fæces) were examined for food poisoning organisms, and in 1 specimen of potted meat and 4 of fæces the organism (*B. Aertrycke*) was found.

In addition the stomach contents of a child who had died suddenly were examined for food poisoning, with negative result.

HUMAN TUBERCULOSIS.

Sputum.—The specimens examined microscopically for the tubercle bacillus numbered 6,423 and in 1,148 or 17·8 per cent. the bacillus was found.

805 specimens which had been previously examined twice microscopically with negative result were re-examined by the sedimentation method, and 22 or 2·7 per cent. were found to be positive.

336 specimens which had been previously examined three times microscopically and once by sedimentation with negative result, were again re-examined by the sedimentation method, by culture and biologically. Of these, 18 or 5·3 per cent. were found by one or other, but chiefly by the biological method (inoculation test), to be positive.

By the sedimentation and biological methods 3·5 per cent. of specimens were found to be positive after two or three microscopic examinations had failed to show the presence of the tubercle bacillus.

Urine.—Of the 500 specimens of urine which were received for examination for various reasons, 91 were examined for tubercle bacilli to exclude the presence of tuberculosis of the bladder or kidney. Of these, 7 were found to contain *B. tuberculosis*.

Other Specimens.—The remaining 163 specimens of human origin examined for the tubercle bacillus were pus 39, pleural fluid 32, fæces 7, Cerebro-spinal fluids 83, and fluid from knee 2. In 5 specimens of pus, 1 of pleural fluid, and 9 of cerebro-spinal fluid, tubercle bacilli were found.

BOVINE TUBERCULOSIS.

Milk.—Veterinary Samples.—1,209 specimens (1,022 from individual cows and 187 group samples) were examined. Of these, 78 from single cows or 7·6 per cent., and 14 group samples or 7·4 per cent. were found to contain the tubercle bacillus.

Mixed Milks.—During the year, samples of milk of all kinds were examined by the inoculation test for tubercle bacilli.

The specimens included samples of school milk and graded milk submitted by the central sanitary staff, samples from local sanitary inspectors and a few sent by the sanitary inspectors of other authorities, viz. Barnsley, Dewsbury and Wakefield County Boroughs.

The following table gives the result of the examination of these milks:—

Mixed Milks Examined for *B. Tuberculosis*.

Class of Milk	West Riding Administrative Area						Other Authorities			Total		
	Milk supplied to Schools.			Other Mixed Milks								
	No. Examined	Positive	% Positive	No. Examined	Positive	% Positive	No. Examined	Positive	% Positive	No. Examined	Positive	% Positive
Certified	4	—	—	3	—	—	14	—	—	21	—	—
Grade A ‘T.T.’ ...	1	—	—	1	—	—	2	—	—	4	—	—
Grade “A”	19	—	—	187	1	0·5	8	—	—	214	1	0·46
Pasteurised	57	1	1·7	22	—	—	15	—	—	94	1	1·06
Ordinary	324	7	2·1	762	21	2·7	176	8	4·5	1262	36	2·85
	405	8	1·9	975	22	2·2	215	8	3·7	1595	38	2·38

The total number examined was 1,595 and of these, 38 or 2·38 per cent. were found to contain tubercle bacilli. The percentage is considerably lower than that found in other areas where similar figures have been published. It is to be noted that the designation "Grade A" and pasteurised does not offer any guarantee that the milk is free from tubercle bacilli.

Of the 8 tuberculous school milks, 5 also failed to fulfil the requirements of the standard set as regards bacterial content.

In each case when a milk was found to be positive, immediate action was taken by the laboratory. A telephone message was sent to the County Veterinary Officer who at once instituted investigations for the detection and destruction of the tuberculous animal or animals.

Of the 38 tuberculous milks received during the year, 4 were received from the Barnsley Sanitary Inspector, 2 from Wakefield, and 1 each from Dewsbury, Keighley and Brighouse. 5 were received from West Riding Sanitary Inspectors where the milks had been produced in other areas, i.e., Leeds City (3), and the East Riding (2). In all 16 cows were slaughtered, in one case the cow having been reported by the owner and slaughtered prior to the inoculation result being known, and in the other case the cow was found on routine inspection. In 8 cases the offending animal could not be found.

All milks submitted for examination for Bacterial Count have also been examined biologically for Tuberculosis and it will be noted that an additional 176 have been examined by the biological method solely.

EXAMINATION OF MILK FOR BACTERIAL CONTENT.

1,419 specimens of milk were examined for bacterial content, and of these 542 or 38·2 per cent. were unsatisfactory.

These samples include the milk supplied to schools, designated milk, and milk sent by other Authorities.

The following table gives the details of examinations made:—

Mixed Milks Examined for Bacterial Content.

Designation	West Riding Administrative Area.						Other Authorities			Total		
	Supplied to Schools			Other								
	Total	Unsatisfactory		Total	Unsatisfactory		Total	Unsatisfactory		Total	Unsatisfactory	
		Number	Percentage		Number	Percentage		Number	Percentage		Number	Percentage
Certified	4	—	—	3	—	—	14	2	14·2	21	2	9·5
Grade A. 'T.T.'...	1	—	—	1	—	—	2	—	—	4	—	—
Grade "A"	19	2	10·5	188	22	11·7	9	1	11·1	216	25	11·5
Pasteurised	57	22	38·5	23	8	34·7	14	1	7·1	94	31	32·9
Ordinary	324	89	27·4	697	369	52·9	63	26	41·2	1084	484	44·6
	405	113	27·9	912	399	43·7	102	30	29·4	1419	542	38·2

WATER.

334 specimens of water were examined, of which 165 were pure, 137 polluted and 17 of doubtful purity. The remaining 15 were samples of bath waters.

DIPHTHERIA.

During the year, 15,383 swabs were examined for the diphtheria bacillus.

Swabs for Diagnosis.—The number of swabs submitted by practitioners for diagnosis was 4,454 of which 748 or 16·7 per cent. were positive.

Swabs from convalescents.—The number of swabs examined in order to determine if convalescents were free from infection and ready for discharge from isolation, was 8,588 and of these 1,257 or 14·6 per cent. were found to be positive. The swabs were received chiefly from the Medical Superintendents of Isolation Hospitals.

Swabs from "contacts."—The number of swabs from "contacts" was 2,341 of which 109, or 4·6 per cent. were positive. The swabs were collected from persons, mostly children, known to have been in contact with cases of diphtheria, from suspected "carriers," and from children attending schools where diphtheria was prevalent. These specimens were sent by local medical officers of health or collected by members of the central staff.

Virulence tests.—The total number of strains of diphtheria bacilli isolated and tested for virulence was 247. This test is carried out when doubtful diphtheria-like organisms are found in swabs from suspected cases, and when the diphtheria bacillus persists for an unduly long period of time in the throats and nasal passages of convalescents.

In the case of “contact” swabs giving a positive routine result, the organism is—if it is possible—isolated in every case and tested for virulence. The results are given in the following table.

Virulence Test for B. Diphtheriæ. (Animal inoculation).

	Positive	Negative	Total
Cases for diagnosis	32	38	70
“Convalescents”	53	64	117
“Contacts” and “Carriers” ...	26	34	60
	111	136	247

The above strains were typed and classified as follows :—

Gravis	195
Mitis	41
Intermediate	11

As was the case last year a large majority belong to the “gravis” type of B. Diphtheriæ which is associated with a severe form of the disease.

VENEREAL DISEASES.

The number of pathological examinations performed under the Public Health (Venereal Diseases) Regulations, 1916, was 4,531. Of these 1,536 were made on behalf of the County Boroughs of Barnsley, Dewsbury, Doncaster, Halifax and Wakefield.

Nature of Test.

District	Specimens examined for			Total	Cost to Authority		
	Spiro-chætes	Gonococci	Wasser-mann Reaction		£	s.	d.
West Riding	9	933	2053	2995	—		
Barnsley C.B.	—	—	7	7	2	9	0
Dewsbury C.B.	—	232	129	361	62	11	0
Doncaster C.B.	—	179	185	364	111	9	6
Halifax C.B.	—	5	419	424	147	14	0
Wakefield C.B.	—	28	352	380	126	8	0
	9	1,377	3145	4,531	450	11	6

CEREBRO-SPINAL FEVER.

249 specimens of cerebro-spinal fluid were examined for the presence of meningococci. In 57 of these the meningococcus was found which confirmed the diagnosis of cerebro-spinal fever. An endeavour was made to inoculate all the fluids which were negative as regards meningococci, to exclude B tuberculosis. In 10 the tubercle bacillus was found, which proved that the disease was tuberculous meningitis, and in 182 the result was negative. 25 of the 57 positives were typed with the following result :—

Type I	13
Type III	10
Doubtful	2

The remaining 32 would not grow on culture.

HUMAN ANTHRAX.

8 swabs were received during the year for examination for the Anthrax bacillus. In two cases the result was positive, particulars of which are as follows :—

- Female, age 14—Pustule on forearm (Mirfield).
- Male, age 39—Pustule on cheek (Rotherham Rural).

It was alleged that the latter patient had contracted the disease from a shaving brush which had been bought at the house door from a pedler.

This brush was subsequently examined in the Laboratory with negative result.

EXAMINATION OF WOOL FOR ANTHRAX.

Arising out of the case (female, age 14) mentioned in the previous paragraph, 15 samples of wool received from the Government Wool Disinfecting Station at Liverpool were examined and in one sample (Scotch Haslock) the Anthrax Bacillus was found by biological examination.

BOVINE ANTHRAX.

The spleen of a cow, received from the Medical Officer of Health, Dewsbury, was examined with negative result. The biological tests proved negative also.

RINGWORM.

The number of specimens of hairs and scales examined was 358, and 151 or 42·1 per cent. gave a positive result.

OPHTHALMIA NEONATORUM.

14 specimens of pus from the eyes of infants suffering from ophthalmia, suspected to be of gonorrhœal origin, were examined, with negative result in each case.

CYTOLOGICAL EXAMINATIONS.

145 examinations were made including examination of blood films and determination of the number of white cells, red cells and hæmoglobin.

SILICOSIS.

Material from 15 post-mortem examinations was examined from suspected cases of silicosis. The lungs were examined by the naked eye, microscopically and chemically. 11 showed definite Silicosis and tuberculosis, 1 Silicosis, 1 Miliary Tuberculosis, and the remaining 2 showed Bronchitis and Pulmonary Tuberculosis. Chemical examination showed that the ash of the lungs contained silica to the extent of 0·304, 0·148, 0·426, 2·129, 0·370, 0·226, 0·190, 0·60, 0·203, 4·125, 0·846, 0·413, 0·806, 0·126 and 0·166 per cent. of dried lung.

BIO-CHEMICAL EXAMINATIONS.

During the year 121 bio-chemical examinations were made particulars of which are as follows :— Blood sugars 31, Blood urea 33, Urea concentration test (urine) 32, Fæces occult blood 12, Blood Van den Bergh 3, Blood Carbon Monoxide 2, Stomach contents 1, Urine % Sugar 1, Human breast milk, % Fat 2, Blood group test 1, Composition of Urethral Calculus 1, Renal Calculus 1, Gallstones 1.

TISSUE FOR HISTOLOGICAL EXAMINATIONS.

312 specimens of tissue were examined histologically, chiefly to determine the presence or absence of cancer, and the results are given below :—

Histological Specimens.

Source.	Number examined.	Found Cancerous	Other Conditions
HUMAN.			
Uterus	5	2	3 Simple
„ Tissue from	1	—	1 „
Ovarian Cystic Tumour	1	—	1 Papilliferous Cystoma
Breast, Tumour of	10	2	6 Simple
„	4	2	2 Fibro-adenoma
„ Skin from	1	1	2 Fibro-adenoma
„ Cyst of	1	—	1 Simple
„ Tissue from	2	1	1 „
Cervix	1	1	1 „
„ Cyst of	1	—	1 „
Angioma of arm	1	—	1 „
Tumour from Vaginal Wall	1	—	1 Fibroma
Sputum	1	—	1 Simple
Melanotic Tumour	1	—	1 Pigmented Mole
Curettings	3	—	3 Simple
Gland from Neck	3	2	1 Tuberculous
Bronchial cast	1	—	1 Simple
Tissue from lower jaw	1	1	
Tissue from glands of penis	1	1	
Spleen	2	—	2 Simple
Slough from intestine	1	—	1 „
Tumour from intestine	1	1	
Larynx	1	—	1 „
Meibomian Cyst	1	—	1 „
Rodent ulcer	2	2	
Tumour from lip	1	—	1 „
„ from ear	1	1	
„ of eye	1	—	1 Sarcoma
„ from tongue	1	1	
„ of skin	1	1	
„ from scrotum	1	1	
„ from alveolar margin	1	—	1 Simple
„ of thigh	1	1	
Prostate	1	1	
Papilloma (?)	1	1	
Papilloma of nipple	1	—	1 „
Ganglion from foot	1	1	
Cyst from chest wall	1	—	1 „
Growth from bladder	1	1	
Ganglion from knee	1	—	1 Tuberculous
Portion of liver and kidney	1	—	1 Simple
Portion of placenta	1	—	1 „
Nasal polypus	1	1	
Left testis	1	—	1 „
Skin from back	2	1	1 „
Pituitary tumour	1	1	
Vomitted tissue	1	—	1 „
Specimen (source unknown)	1	—	1 Myeloid Sarcoma
BOVINE.			
Lung	3		1 Pneumonic
„			2 Simple
Kidney and renal gland	1		1 „
Spleen	1		1 „
Liver	1		1 Tuberculous
Mediastinal gland	1		1 „
Hyphatic gland	1		1 „
Udder	9		3 „
„			6 Simple
Bronchial glands	1		1 „
Lymphatic glands	1		1 „
Left supramammary gland	1		1 „
Mesenteric Gland	1		1 Tuberculous
Submaxillary Gland	2		1 „
„			1 Simple
Trachea from young bull	1		1 Tuberculous
OTHER			
Liver from fowl	2		1 Mycosis
„			1 Sarcoma
MEDICO LEGAL			
	214		

POST-MORTEM EXAMINATIONS AND INQUESTS.

During the year 90 examinations were made by Dr. Sutherland at the request of West Riding Coroners and evidence was given at 65 inquests. The examinations included 7 cases of murder, 3 of manslaughter, and 4 of suicide.

The verdicts show the variety of causes of death :—

No.	Sex.	Age	
1	F.	10	Acute infection following influenza.
2	M.	20	Suicide. Gun shot wound in head.
3	M.	20	Suicide. Gun shot wound in head.
4	M.	50	Miliary tuberculosis.
5	M.	59	Silicosis, tuberculosis and malignant tumour of lung.
6	M.	12 hrs.	Atalectasis. Prematurity.
7	M.	3 days	Asphyxia. Overlaying.
8	M.	New Born	Still-born. Premature.
9	F.	41	Cerebral hæmorrhage.
10	F.	34	Hæmorrhage and shock following abortion.
11	M.	62	Arterio-sclerosis.
12	M.	New born	Asphyxia. Concealment of Birth.
13	M.	79	Lobar pneumonia.
14	F.	4/12	Sudden death. Asphyxia. Regurgitation of Food.
15	F.	29	Myocarditis accelerated by anæsthetic.
16	F.	71	Chronic Valvular Heart disease.
17	F.	32	General peritonitis, septicæmia following child-birth.
18	M.	67	General infection, probably influenzal.
19	M.	41	Purulent Pleurisy.
20	M.	2½	Death from exposure and exhaustion. (Lost on moors).
21	F.	?	Broncho-pneumonia.
22	F.	?	Incomplete abortion. Septic peritonitis. Septicæmia.
23	F.	8	Abscess on brain following influenza.
24	M.	New born	Strangulation (infanticide).
25	M.	New born	Strangulation (infanticide).
26	M.	74	Cardia-vascular degeneration and CO poisoning.
27	M.	5/12	Chloroform anæsthetic and status lymphaticus.
28	M.	64	Asphyxia. Impaction of artificial denture in throat.
29	M.	4	Asphyxia.
30	M.	?	Tuberculosis.
31	M.	63	Tuberculosis and Silicosis.
32	M.	51	Septicæmia following carbuncle.
33	F.	23	Death following child-birth: laceration of cervix, vagina and rectum.
34	F.	17	Acute appendicitis.
35	F.	38	Rupture of uterus and hæmorrhage.
36	F.	37	Hæmorrhage following abortion.
37	M.	New born	Asphyxia.
38	F.	19	Colitis.
39	M.	21	Murder.
40	M.	56	Silicosis and tuberculosis.
41	F.	30	Osteomyelitis.
42	M.	59	Shock from strangulated hernia and operation for hernia.
43	F.	64	Manslaughter.
44	M.	14	Osteomyelitis and general sepsis.
45	F.	65	Death under Anæsthesia.
46	M.	29	Cerebral hæmorrhage.
47	M.	55	Silicosis and tuberculosis.
48	M.	47	Myocarditis.
49	M.	45	Silicosis and tuberculosis.
50	M.	39	Murder.
51	M.	29	Sudden Death. Coronary atheroma.
52	F.	25	Hæmorrhage, peritonitis. Suspected criminal abortion.
53	F.	49	Murder by strangulation.
54	M.	52	Suicide. Lysol poisoning.
55	M.	48	Empyema and silicosis.
56	M.	48	Suspected poisoning.
57	F.	New born	Still born.
58	F.	39	Suicide. Luminal.
59	M.	41	Manslaughter. Pedestrian killed by motor car.
60	F.	71	Nephritis, uræmia.
61	M.	48	Chronic gastritis.
62	M.	47	Silicosis and tuberculosis.
63	M.	47	Death following and due to injury (?).
64	M.	4	Dysentery. Sonne.
65	M.	28	Murder. Gun-shot wound, abdomen and chest.
66	F.	34	Sepsis. Suspected criminal abortion.
67	M.	51	Septicæmia. Extravasation of urine.
68	M.	54	Silicosis and tuberculosis.
69	F.	66	Strangulation. Murder.
70	M.	63	Hanging. Suicide.
71	M.	41	Fracture of skull. Manslaughter.
72	M.	New born	Sudden death. Cause unknown.
73	M.	5 weeks	Sudden death. (Convulsions).
74	M.	28	Gas poisoning. Accidental.
75	F.	58	Shock following operation and anæsthetic. Cellulitis of neck.
76	M.	64	Silicosis and tuberculosis.
77	M.	47	Septicæmia, septic peritonitis and septic appendicitis.
78	M.	46	Myocarditis and angina pectoris.
79	M.	51	Shock following operation and anæsthetic.
80	F.	22	Suicide. Fracture of skull. Jumped out of a motor car.
81	M.	54	Silicosis and tuberculosis.
82	M.	53	Silicosis.
83	M.	63	Broncho-pneumonia
84	M.	61	Cerebral tumour.
85	M.	61	Pulmonary tuberculosis and nephritis.
86	F.	33	Abortion.
87	F.	22	Septicæmia following abortion.
88	F.	44	Septicæmia, abortion.
89	M.	61	Silicosis and tuberculosis.
90	M.	3 weeks	Death due to sepsis.

EXAMINATIONS MADE FOR THE WEST RIDING POLICE.

4 examinations were made for the West Riding Police, 3 being in connection with cases of attempted criminal assault and the other in reference to certain remains discovered in a well.

BIOLOGICAL EXAMINATIONS.

During the year, 3,692 specimens were examined biologically involving the use of 6,751 animals (guinea-pigs) for diagnostic purposes. The tests were simple subcutaneous inoculations for the detection of tubercle bacilli in milk, sputum, urine and other materials, for the determination of the virulence of *B. diphtheriæ* and for the detection of anthrax bacilli.

These tests were made not only for the West Riding County Council but also on behalf of the County boroughs of Barnsley, Dewsbury, Halifax, Wakefield and the Government Wool Disinfecting Station at Liverpool.

List of Sanitary Districts in the West Riding showing the Number of Specimens Received from each during 1933.

<i>Urban Districts.</i>		<i>Urban Districts.</i>		<i>Urban Districts.</i>	
Adwick-le-Street	83	Kirkheaton	14	Wath-upon-Deane	28
Altofts	24	Knarborough	7	Whitley Upper	1
Ardsley, East and West ...	97	Knottingley	37	Whitwood	27
Baildon	15	Lepton	9	Wombwell	152
Barkisland	6	Linthwaite	25	Worsborough	73
Barnoldswick	88	Luddendenfoot	14	Yeadon	25
Batley B.	253	Maltby	81		
Bentley-with-Arksey ...	103	Marsden	42	<i>Rural Districts.</i>	
Bingley	131	Meltham	12	Barnsley	9
Birkenshaw	9	Methley	27	Bishopthorpe	7
Bolton-upon-Deane ...	38	Mexborough	58	Bowland	25
Brighouse B.	63	Midgley	9	Doncaster	177
Burley-in-Wharfedale ...	32	Mirfield	154	Goole	5
Calverley	20	Morley B.	246	Great Ouseburn	83
Birstall	7	Mytholmroyd	8	Halifax	2
Castleford	119	New Mill	29	Hemsworth	181
Clayton West	5	Normanton	52	Hunslet	24
Conisbrough	78	Oakworth	26	Keighley	36
Cudworth	27	Osett B.	145	Kiveton Park	36
Darfield	66	Otley	49	Knarborough	43
Darton	284	Oxenhope	1	Pateley Bridge	21
Denby and Cumberworth ...	32	Penistone	123	Penistone	21
Denholme	13	Pontefract B.	105	Pontefract	56
Dodworth	10	Pudsey B.	8	Ripon	5
Drighlington	2	Queensbury	18	Rotherham	145
Earby	3	Rawdon	5	Sedburgh	20
Elland	30	Rawmarsh	36	Selby	9
Emley	—	Ripon C.	24	Settle	38
Farsley	18	Rishworth	3	Skipton	40
Featherstone	90	Rothwell	53	Tadcaster	117
Flockton	1	Royston	11	Thorne	49
Garforth	21	Saddleworth	17	Todmorden	8
Gildersome	4	Scammonden	1	Wakefield	102
Golcar	37	Selby	16	Wetherby	103
Goole B.	24	Shelf	2	Wharfedale N.	2
Greasbrough	4	Shelley	4	Wharfedale S.	16
Greetland	20	Shepley	5	Wortley	190
Guiseley	19	Shipley	48		
Gunthwaite and		Silsden	9	<i>County Boroughs.</i>	
Ingbirchworth	1	Skelmanthorpe	5	Barnsley	149
Harrogate B.	336	Skipton	59	Dewsbury	1000
Haworth	4	Slaithwaite	18	Halifax	21
Hebden Bridge	40	South Crossland	23	Wakefield	1719
Heckmondwike	638	Southowram	4		
Hemsworth	96	Sowerby	38	<i>Hospitals, etc.</i>	<i>17124</i>
Hipperholme	20	Soyland	9	<i>School Medical Inspectors</i>	<i>330</i>
Holme	1	Spenborough	200	<i>Tuberculosis Staff</i>	<i>3510</i>
Holmfirth	79	Springhead	8	<i>Ministry of Health</i>	<i>14</i>
Honley	63	Stainland-with-Old Lindley	20	<i>Venereal Specimens</i>	<i>4531</i>
Horbury	41	Stanley	112	<i>Specimens from Chief</i>	
Horsforth	69	Stocksbridge	13	<i> Veterinary Officer and</i>	
Hoyland Nether	58	Swinton	29	<i> Staff</i>	<i>1209</i>
Hoylandswaine	—	Thurlstone	8	<i>Government Wool Disin-</i>	
Hunsworth	5	Thurnscoe	15	<i> fecting Station, Liverpool</i>	<i>15</i>
Ilkley	137	Thurstonland and Farnley			
Keighley B.	161	Tyas	3	<i>Total No. of Specimens</i>	
Kirkburton	5	Tickhill	6	<i> examined bacteriologic-</i>	
		Todmorden B.	98	<i> ally</i>	<i>37329</i>

PART III.

MATERNITY AND CHILD WELFARE

DR. R. LAWRENCE.—Chief Assistant Medical Officer for Child Welfare and School Medical Inspection.

Statistics, 1933.

	Whole of Administrative County.	County Council's Maternity and Child Welfare Area.
Estimated Population, 1933	1,536,100	1,030,580
No. of Live Births (registered)	23,084	15,804
No. of Illegitimate Births	907	604
No. of Stillbirths	1,143	798
Birth Rate	15.0	15.3
Deaths under one year	1,615	1,164
Infantile Mortality Rate	70	74
*Infantile Mortality Rate, average for past 10 years.	76	74
Notified cases of Ophthalmia Neonatorum	87	58
Notified cases of Puerperal Fever	60	35
Notified cases of Puerperal Pyrexia	149	105
Maternal deaths from Sepsis	48	39
Maternal deaths from Other Causes	96	70
Maternal Mortality Rate (Per 1,000 Live and Still Births)	5.94	6.57
„ „ „ (Per 1,000 Live Births)	6.24	6.90
*Maternal Mortality Rate, average for past 10 years.	5.17	5.15
Product of a 1d. rate	£26,870	£16,906
*Per 1,000 live births.		

Midwives Acts, 1902 to 1926.

The County Council is the Local Supervising Authority under the Midwives Acts for the Administrative County.

The midwives who notified their intention to practise during 1933 number 623, classified as follows:—

Total Number of Midwives.	Trained.		Untrained or Bona-fide
	Attached to District Nursing Associations.	Independent.	
623	192	398	33
	590		

The supervision is carried out by the County Medical Officer, his Assistants and two Inspectresses. Health Visitors make visits to the midwives and inspect their registers, books of forms and their bags. During the year, 867 visits of inspection were made. Three midwives were cautioned by the County Medical Officer for minor infringements of the Rules; and one midwife died.

MIDWIFERY.

Number of Births attended by Certified Midwives.—Midwives attended 15,121 births and 2,163 cases of confinement as Maternity Nurses, out of a total of 23,084 births registered, or 74.90 per cent.

The following table shows the number of births attended by midwives, and the percentage to the total births registered, compared with the previous two years:—

Year.	Births attended by midwives.	Total Births registered in County Area.	Percentage attended by midwives.
1931	17,480	26,079	67.00
1932	17,198	24,319	70.70
1933	17,284	23,084	74.90

Midwives' Fees—Necessitous Cases.—Under the County Council's scheme for contributing to the payment of midwifery fees in necessitous cases the sum of £3,414:0:0 was paid to midwives in respect of 3,414 patients.

Medical Help Records.—The following table summarises the records received from midwives during the year 1933, and compares them with similar records for previous years:—

	1931	1932	1933
Records of sending for Medical help	5,714	5,855	5,953
Deaths of (a) Mother	27	11	17
(b) Child	133	149	123
Still-births (a) Males	175	192	159
(b) Females	168	166	163
Laying out the dead	44	35	27
Liability to be a source of infection	125	117	107
Substitution of artificial feeding for breast-feeding	106	139	174

The number of copy medical help records received from midwives during the year was 5,953 or 34·43 per cent. of the cases attended.

The following table shows the nature of the cases in which medical help was sought, classified according to the Rules of the Central Midwives Board:—

RULE E 21(1).

Death of Mother	0	Death of Baby	10
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RULE E.21(2)—PREGNANCY.

Ante-partum Hæmorrhage	204	Oedema	20	Hydramnios	16
Abortion or Miscarriage	292	Ante-natal Examination	76	Miscellaneous	302
Eclampsia	9	Purulent Discharge	28	Debility	24
Albuminuria	136	Phlebitis	24	Hyperemesis	60

RULE E.21(3)—LABOUR.

Adherent Placenta	96	Contracted Pelvis	30	Face Presentation	8
Placenta Prævia	28	Rigid Os	28	Hand do.	4
Ruptured Perineum	1098	Collapse	40	Foot do.	16
Premature Labour	40	Breech Presentation	200	Occipito-Posterior do.	61
Prolonged Labour	1050	Undefined do.	48	Purulent Discharge	3
Obstructed Labour	124	Transverse do.	24	Eclampsia	8
Uterine Inertia	156	Funis do.	16	Miscellaneous	86

RULE E.21(4)—LYING-IN.

Post-partum Hæmorrhage	120	Miscellaneous	138	Pyrexia	236
White Leg	4	Phlebitis	40	Mastitis	20
Purulent Discharge	6	Eclampsia	12	Rigor	4
Oedema	8			Albuminuria	12

RULE E.21(5)—THE CHILD.

Twins and Triplets	4	Septic Spots	16	Inflammation of Eyes	256
Other Malformations	41	Icterus Neonatorum	12	Prematurity	159
Pemphigus	6	Miscellaneous	56	Phimosis	32
Convulsions	24	Hare Lip and Cleft Palate	9	Rash	12
Dangerous Feebleness	244	Spina Bifida	30	Hæmorrhages	17
		Still-Birth	70		

Doctors' Fees in Emergency Cases.—The claims paid to doctors for their attendance upon cases of emergency under the Midwives Act, 1918, amounted to £7,296 10s. 6d.

Still-Births.—The number of still-births notified by midwives was 322 or 1·86 per cent. of the total births attended by them.

The following table gives the number of still-births attended by midwives, and the percentage to total births attended by them, compared with previous years:—

Year	Number of Births attended by Midwives	Number of Still-births notified.	Percentage of Still-births to Births attended
1929	17,509	347	1·98
1930	17,067	320	1·87
1931	17,480	343	1·96
1932	17,198	358	2·08
1933	17,284	322	1·86

Midwives notified 164 still-born babies reaching full period, and these are classified as follows:—

Macerated	...	...	...	...	...	...	...	...	76
Malformed	...	...	...	...	...	...	...	...	7
Breech Presentations	...	...	...	...	...	...	...	...	15
Complicated Head Presentations	...	...	...	...	...	...	...	...	13
Uncomplicated Head Presentations	...	...	...	...	...	...	...	...	31
Feet and Other Presentations	...	...	...	...	...	...	...	...	7
Born before arrival of midwife	...	...	...	...	...	...	...	...	11
Multiple Pregnancies	...	...	...	...	...	...	...	...	4
									164

Liability to be a Source of Infection.—The number of notifications of liability to be a source of infection received from midwives was 107 compared with 117 for the previous year.

The following table shows the cases of infection with which midwives came into contact:—

Puerperal Fever and Pyrexia	...	...	...	...	...	...	...	...	76
Scarlet Fever	...	...	...	...	...	...	...	...	14
Erysipelas	...	...	...	...	...	...	...	...	1
Diphtheria	...	...	...	...	...	...	...	...	2
Pemphigus Neonatorum	...	...	...	...	...	...	...	...	8
Typhoid Fever	...	...	...	...	...	...	...	...	1
Cerebro Spinal Fever	...	...	...	...	...	...	...	...	2
Other cases of Infection	...	...	...	...	...	...	...	...	3
									107

During the year one midwife was suspended from midwifery practice for a period exceeding 24 hours owing to contact with cases of infectious disease and herself being a suspected source of infection.

Substitution of Artificial Feeding for Breast Feeding.—The cases which led to the substitution of artificial feeding for breast feeding are given in the following table:—

Phthisis of Mother	...	...	...	...	...	...	...	...	16
Mother to return to work (illegitimate babies 100%)	...	...	...	...	...	...	...	...	12
On doctor's orders	...	...	...	...	...	...	...	...	28
Cleft palate and hare lip	...	...	...	...	...	...	...	...	1
Twins	...	...	...	...	...	...	...	...	3
Refusal of Mother	...	...	...	...	...	...	...	...	14
Admission of mother to hospital	...	...	...	...	...	...	...	...	9
Agalactia (lack of milk)	...	...	...	...	...	...	...	...	48
Retracted Nipples	...	...	...	...	...	...	...	...	15
Anæmia and illness	...	...	...	...	...	...	...	...	20
Mastitis	...	...	...	...	...	...	...	...	4
Death of Mother	...	...	...	...	...	...	...	...	1
Baby to be adopted	...	...	...	...	...	...	...	...	3
									174

Training of Midwives.—At the present time the County Council are not training midwives, but in accordance with Circular 559 of the Ministry of Health, dated the 27th February, 1925, the sum of £180 0s. 0d. was paid to the West Riding County Nursing Association for the provision of newly-trained nurse-midwives to serve the areas of Garforth (2) and Stocksbridge Urban Districts and the Parishes of Upton, etc. (Hemsworth R.D.), Whitley Bridge (Pontefract R.D.), and Cawood and Wistow (Selby R.D.).

Compensation to Midwives.—The Ministry of Health have approved a scheme for the payment of compensation to midwives, whose patients, after being referred to an ante-natal clinic of a Local Authority, had, for medical reasons, been admitted to a maternity home, and in cases where a midwife had called in a medical practitioner in accordance with the Rules of the Central Midwives Board, and the patient had been sent to a maternity hospital by such medical practitioner. A fee of 15/- per case was approved.

The sum of £194 5s. 0d. was paid in respect of 259 patients who were removed into hospital.

THE PUBLIC HEALTH (NOTIFICATION OF PUERPERAL FEVER AND PUERPERAL PYREXIA) REGULATIONS, 1926.

The following table gives the special services provided by the County Council under the above Regulations, together with the cost of such services to the County Council.

	Cases	Amount		
		£	s.	d.
Hospital Treatment	93	1464	16	1
Ambulance Charges (8 cases)	—	7	10	10
Domiciliary Nurse	—	—	—	—
*Consultant Obstetrician (12 cases)	10	74	4	0
		103	1536	10 11

*Consultant Obstetricians were requested in 12 cases, and 2 of these patients were removed into hospital, and are included in the hospital cases.

OPHTHALMIA NEONATORUM.

The following table shows the number of cases of ophthalmia neonatorum reported in the whole of the Administrative County during the last three years:—

1931	1932	1933
121	101	87

The details of the cases reported upon in the County Notification of Births Area, in accordance with the instructions issued by the Ministry of Health (Circular 648, p. 12) are shown in the following table:—

Cases.			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
Notified.	Treated.					
	At Home.	In Hospital.				
51	37	14	50	—	—	1

PREVENTIVE MEASURES.

All practising midwives are supplied free of charge by the County Council with "Collosol Argentum" and instructed to instil two drops into each eye immediately at birth. 70% of the confinements in the County are attended by midwives.

In 1922 the number of notified cases of ophthalmia neonatorum was 198. In 1923 the first issue of Collosol Argentum was made, and the number of notified cases fell to 88 in 1933.

TREATMENT.

All cases notified in the County Maternity and Child Welfare area where not admitted to hospital are under the supervision of the County Council's Health Visitors and the termination of all cases is reported to the County Medical Officer.

The County Council has provided hospital facilities for the treatment of this disease and if necessary arrangements can be made for the mother to accompany the baby in cases where the child is breast fed. The majority of cases are treated in general hospitals and in other hospital cases the fees paid by the County Council vary from £1 1s. 0d. to £3 3s. 0d. per week plus extra fees when the mother accompanies the baby.

THE NURSING HOMES REGISTRATION ACT, 1927.

The above Act came into force on the 1st July, 1928, and repealed Part II. of the Midwives and Maternity Homes Act, 1926, which dealt with the registration of Maternity Homes.

Under the Nursing Homes Registration Act, 1927, all Nursing Homes are required to be registered by the Local Supervising Authority under a penalty not exceeding £50 on summary conviction.

The following table gives the number and classification of Homes registered by the County Council during the year.

Nursing Homes (other than Maternity cases)	...	...	...	1
Nursing Homes (including maternity cases)	...	...	...	7
Maternity cases only	...	...	...	7

The number of registered Nursing Homes in existence at the end of the year was 79.

During the year one application for Exemption from Registration was granted.

Maternal Mortality.

In connection with the scheme approved by the County Council for combating the high maternal death rate in the County, rapid strides have been made on the lines laid down in Memorandum 156/M.C.W. relating to maternal mortality issued by the Ministry of Health, and these are dealt with under the following headings:—

Ante-Natal Clinics.

Forty-four special ante-natal clinics are now established at existing centres in the County Maternity and Child Welfare area, an increase of 10 over the previous year. In accordance with the extension of the scheme special clinics for ante-natal work have been established at Adwick-le-Street (Woodlands), Ardsley E. and W., Darfield, Drighlington, Guiseley, Penistone, Thurnscoe and Wath-on-Dearne (West Melton) Urban Districts and Glasshoughton (Pontefract R.D.) and Thurcroft (Rotherham R.D.).

Ante-Natal Work in Remote Areas.

Arrangements are made for ante-natal examinations of uninsured women to be undertaken by local medical practitioners in remote areas where no ante-natal clinic is in existence. All midwives practising in remote areas or where no ante-natal clinic is established within reasonable distance have been circularised regarding the scheme and issued with books of notices. The scheme provides for:—

1. The doctor to arrange to examine the patient at her house or his surgery.
2. The notice issued by the midwife is an authority to the doctor to make two examinations:—
 - 1st. General medical examination early in pregnancy.
 - 2nd. Full obstetrical examination at the 7th or 8th month.
3. The fees payable by the County Council to the doctor are as follows:—
 - (a) 5/- for each examination.
 - (b) Mileage fee of 1/- per mile after the first two miles on the outward journey only.
4. Claims for fees to be submitted to the County Medical Officer on the special form provided (A.N. 8) before confinement.
5. Any case requiring Consultant opinion or Hospital treatment to be referred to the County Medical Officer.

Since the commencement of the scheme in June, 1933, 164 notices were issued to doctors by midwives.

Supply of Midwives—District Nursing Associations.

The following nursing associations provided motor transport for the nurse and in some cases were able to extend their area for midwifery work.

Bradfield, Loxley and Stannington (Wortley R.D.). A special grant of £10 per annum was given to this Association towards the cost of running the nurse's motor car.

Hensall and Pollington. (Pontefract and Goole R.D's.). The grant to this Association was increased from £40 to £60 per annum in consideration of their undertaking midwifery work in the Parish of Snaith for which a grant of £10 is given plus a further £10 towards the cost of running the nurse's car.

Ribblesdale (Bowland R.D.). The grant of £20 per annum paid to this Association in respect of running the nurse's motor car expired on the 31st March, 1933 and has been continued for a further period of two years.

Stocksbridge U.D. A grant of £10 was given to this Association to provide a motor car for the nurse and extend their midwifery service to cover the districts of Midhopestones, Upper Midhope and Langsett (Penistone R.D.).

Ulleskelf (Tadcaster R.D.). In consideration of the Nursing Association providing motor transport for the nurse the grant to this Association was increased by £10 per annum.

Consultant Clinics.

A Consultant Clinic has been established at the Edenfield Maternity Home, Doncaster, with Mr. Moir Shepherd, F.R.C.S. as the Consultant. Twenty-three cases were referred for specialist opinion during the year, an increase of eight over 1932.

Fees of Midwives acting as Maternity Nurses.

The following scheme has been approved whereby assistance is granted in necessitous cases towards the fee of the midwife where she attends patients as a maternity nurse under the supervision of a medical practitioner.

The scale of payment is as follows:—

Where the total family income, after deducting 5/- for each child under 14 years of age and not working	Amount Payable by Parent	Amount payable by County Council
Does not exceed 30/- per week	10/-	10/-
Over 30/-	Whole Fee	Nil.

and the conditions governing payment to the midwife are that she shall:—

1. Not refuse, without good cause, to attend cases to which she is summoned.
2. Carry out the ante-natal supervision in accordance with the Rules of the Central Midwives Board, or the instructions of the doctor.
3. Attend cases referred to her by the Committee.
4. Not accept more cases than she can attend efficiently.
5. Not accept from each patient more than 10/- where application has been made for assistance under the County Council's scheme.

6. Properly nurse and attend the patient during the lying-in period.
7. Comply strictly with the Rules of the Central Midwives Board.
8. The husband, or person responsible for the maintenance of the patient, must personally sign the form as "Head of the Family."

Twenty-six cases received assistance under this scheme during 1933.

Investigation of Maternal Deaths.

During the year investigations have been made into the deaths of mothers occurring in Institutions and at their homes, and together with other reports received from medical officers of Institutions outside the County area, where mothers resident in the County Maternity and Child Welfare area have died, these have been forwarded to the Ministry of Health to provide data for collective investigation in conjunction with similar reports from other parts of the country.

Investigations into cases of Puerperal Fever and Puerperal Pyrexia.

During the year the Assistant County Medical Officer and the two Inspectors of Nurses and Midwives investigated 42 cases of puerperal fever and puerperal pyrexia occurring in the County Maternity and Child Welfare area, and where action was deemed necessary, this was carried out immediately—of the 135 cases notified, it was found necessary in 93 of these to remove the patient to hospital. No domiciliary nurses were provided.

Consultant Obstetricians.

Consultant Obstetricians were provided in 12 cases to assist the general practitioner in the delivery of the patient at home at a cost to the County Council of £74 4s. 0d.

MATERNAL AND INFANT MORTALITY.

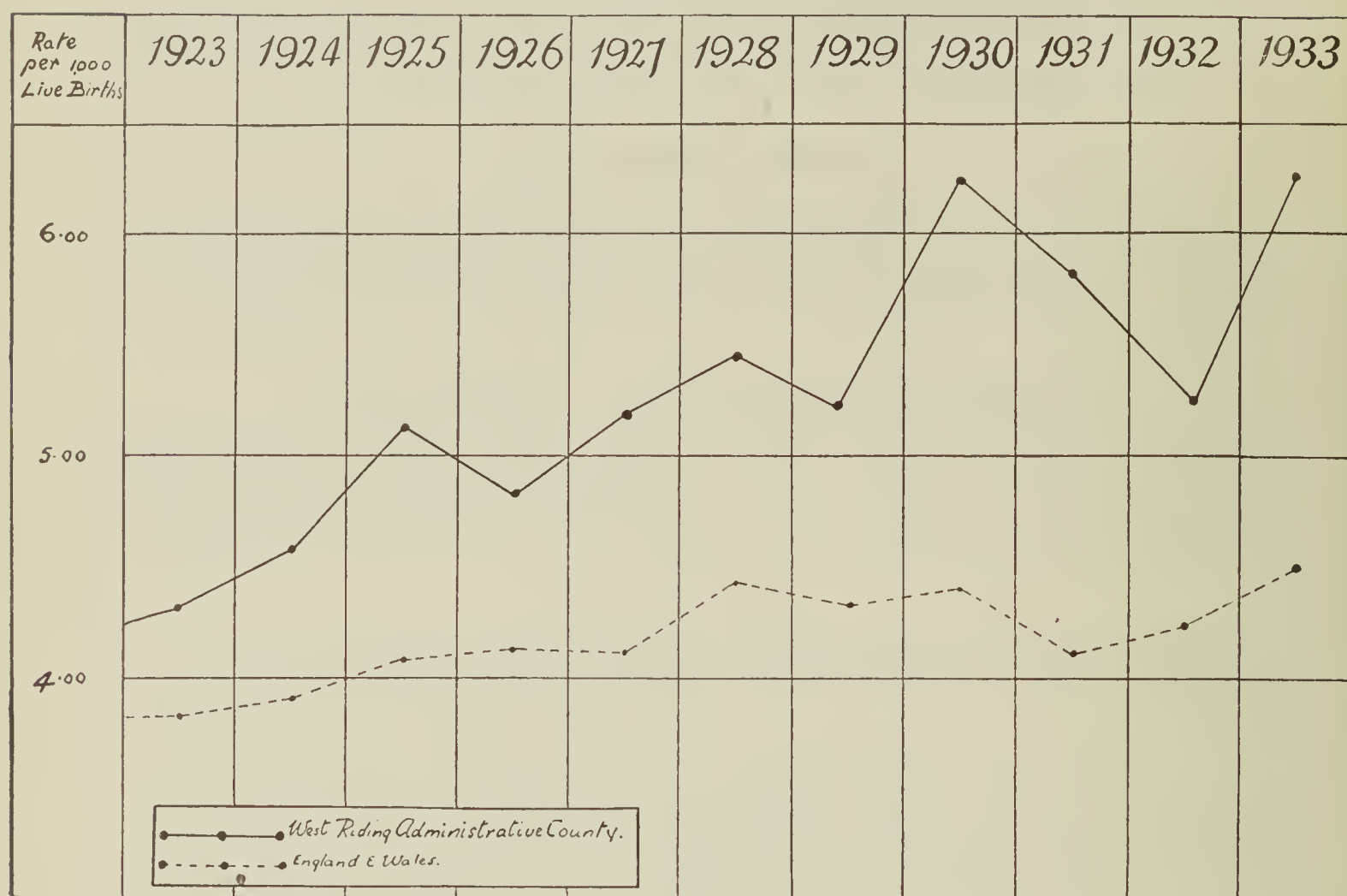
Year	Deaths of mothers per 1,000 live births						Infant Mortality Rate	
	Puerperal Sepsis		Other Puerperal Causes		Total Puerperal Mortality			
	E. & W.	Admin. County	E. & W.	Admin. County	E. & W.	Admin. County	E. & W.	Admin. County
1923	1.30	1.74	2.51	2.58	3.81	4.32	69	81
1924	1.39	1.58	2.51	2.99	3.90	4.57	75	83
1925	1.56	1.88	2.52	3.24	4.08	5.12	75	81
1926	1.60	1.66	2.52	3.16	4.12	4.82	70	73
1927	1.57	1.71	2.54	3.47	4.11	5.18	70	79
1928	1.79	2.11	2.63	3.34	4.42	5.45	65	62
1929	1.80	2.27	2.53	2.97	4.33	5.24	74	89
1930	1.92	2.43	2.48	3.82	4.40	6.25	60	65
1931	1.66	2.29	2.45	3.53	4.11	5.82	66	74
1932	1.61	2.05	2.60	3.17	4.21	5.22	65	70
Average for 10 years 1923-32	1.61	1.96	2.53	3.21	4.14	5.17	69	76
1933	1.79	2.08	2.63	4.16	4.42	6.24	64	70

As from the year 1931, there has been a revision in the classification of deaths, and this has affected the figures relating to Maternal Mortality. The figures for 1931 and 1932 are as a result not strictly comparable with those for the previous years which are shown in the above table, but the discrepancy is so slight as barely to affect either the figures or rates, and for all practical purposes comparisons can be made.

Although some deaths of mothers are associated with still-births, it has been the practice, owing to the absence of reliable figures of still-births, to base the maternal mortality rate on the live births only, and this has been done in the above table and chart. The registration of still-births commenced on the 1st January, 1929, and it is now possible to calculate a maternal mortality rate based on the total of live and still births, which is obviously the more accurate method, and the available figures are given in the table following:—

Year.	Deaths of mothers per 1,000 live and still births.					
	Puerperal Sepsis.		Other Puerperal Causes.		Total Puerperal Mortality.	
	E. & W.	Administrative County.	E. & W.	Administrative County.	E. & W.	Administrative County.
1929	1.73	2.16	2.43	2.83	4.16	4.99
1930	1.84	2.32	2.38	3.64	4.22	5.96
1931	1.59	2.19	2.35	3.37	3.94	5.56
1932	1.55	1.96	2.49	3.01	4.04	4.97
1933	1.71	1.98	2.52	3.96	4.23	5.94

**Maternal Mortality Rate during the years 1923 to 1933, in the West Riding Administrative County
and England and Wales.**



Areas inadequately supplied with Midwives.

The provision and maintenance of an efficient midwifery service in the Administrative County is important, especially in view of the necessity for lowering the maternal death-rate.

Several associations have received financial assistance from the County Council in aid of motor transport for the nurse and in some cases the associations have been able to extend the field of their activities and in others provide a more efficient service. These are dealt with under the head of "Supply of Midwives by District Nursing Associations."

The year 1933 has been a difficult one from a financial point of view to many nursing associations and several were on the verge of disbanding.

The Conference of the West Riding Nursing Associations submitted the following resolution passed by them to the County Council:—

"That owing to the inability of district nursing associations in rural areas to meet the expense of maintaining a district nurse, the County Council should be asked to increase their yearly grant according to local conditions."

The County Child Welfare Committee, after full consideration, decided to adhere to previous custom and intimated that any associations finding difficulty in supporting a nurse would receive sympathetic treatment and if it was shown that financial assistance was necessary, help would be readily afforded and a special grant given to meet the needs as they existed.

Two Associations made an application for a special grant on financial grounds and these were dealt with as under:—

Cawood and Wistow (Selby R.D.). Grant Increased from £40 to £60 per annum.

Thorner (Wetherby R.D.). A special grant of £20 was given.

Nursing Associations.

West Riding County Nursing Association.

The County Superintendent of the West Riding Nursing Association reports that during 1933, three new Nursing Associations have been organised and affiliated. No Associations have given up, though several have had great financial strain.

The number of affiliated Associations is now 117, and in these districts 150 nurses are working :—

79 of which are Queen's Nurses.

31 of which are Trained Nurse-Midwives.

40 of which are Village Nurse-Midwives.

Of these nurses, 45 undertake the combined duties of midwifery, general nursing, health visiting and school nursing; 74 midwifery and general work only; and 31 general work only.

The nurses attended 3,034 midwifery and maternity cases, and have made :—

14,620 Pre-natal visits.

43,365 Midwifery and maternity visits.

22,664 Infant health visits.

5,963 School and home visits.

Work of District Nursing Associations.

The work of District Nursing Associations cannot be over estimated and through the medium of Nursing Associations large sums of public money have been applied for the needs of mothers in scattered country districts. By these means it is estimated that 82 per cent. of the population in the rural areas is now within reach of a trained midwife and 71 per cent. of this provision has been made by District Nursing Associations.

The Local Government Act, 1929.—Grants to Nursing Associations.

Section 101 of this Act deals with grants to Voluntary Associations and provides for securing payment by the County Council of annual contributions towards the expenses of Voluntary Associations providing Maternity and Child Welfare services in the County according to the above Act.

The payments made under this Scheme are in lieu of the grants which ceased to be payable as from the 31st March, 1930, and which were formerly paid by the Ministry of Health.

At the beginning of the year the Minister of Health approved the Scheme made by the County Council under this Section of the Local Government Act, 1929, for the four years ending 31st March, 1937, and copies of the Scheme as under were forwarded to each Nursing Association concerned.

Voluntary Associations to which annual contributions will be paid by the Council.

(1)	(2)	(1)	(2)
Name of Association.	Amount of Annual Contribution.	Name of Association.	Amount of Annual Contribution.
	£ s. d.		£ s. d.
Midwifery Services.		Midwifery Services—contd.	
West Riding County Nursing Association, 9, Bridgefield Place, Leeds	1,048 2 6	Rawmarsh and Parkgate District	21 11 3
Aldborough and Boroughbridge and District	31 8 0	Ribblesdale Benefit	20 0 0
Arthington and Pool	16 0 0	Ripon Victoria Nursing Institution	25 0 0
Bentham	12 0 0	Sawley	35 0 0
Boston Spa and Thorparch	8 0 0	Scissett	7 0 0
Bretton and Woolley	12 0 0	Sedbergh	24 0 0
Burton Leonard	8 0 0	Sharow	28 0 0
Cantley	17 16 0	Sitlington	7 16 0
Darrington	15 0 0	South Crosland	5 8 0
Denaby Main and Conisbrough	8 0 0	South Elmsall and District	15 0 0
Denby and Cumberworth	21 4 0	Sowerby	23 0 0
Emley	22 16 0	Spofforth	10 0 0
Greasbrough	10 0 0	Stanningley and Farsley	12 0 0
Hampsthwaite	20 0 0	Steeeton and Eastburn	9 0 0
Harrogate	25 0 0	Thurgoland	10 0 0
Heckmondwike	10 0 0	Tickhill	10 0 0
Hensall and Pollington	9 19 5	Todmorden	23 0 0
Hipperholme and District	12 0 0	Upper Wharfedale	20 0 0
Holme Valley Memorial Hospital	8 0 0	Walton and Heath	11 4 0
Horsforth	8 0 0	Whitley Bridge	14 8 0
Hunsingore	17 4 0	Wetherby and District	20 0 0
Killinghall	26 0 0	Yeadon	5 0 0
Kirkby Malzeard	32 0 0		
Kirkburton	10 0 0	Infant Welfare Centres.	
Knaresborough	15 0 0	Bentham Infant Welfare Centre—	
Ledsham and Ledston	14 8 0	St. Margaret's Sunday School,	
Long Marston	10 16 0	Robin's Lane, Bentham	5 4 7
Luddendenfoot Nursing Institution	12 0 0		
Micklefield	10 16 0	Maternity Homes.	
Mirfield	16 0 0	Heckmondwike District Nursing	
Meltham	9 0 0	Association—Maternity Home at	
Mytholmroyd	8 0 0	43, Cemetery Road, Heckmond-	
North Stainley	28 0 0	wike	214 4 11
Oakworth	10 8 6		
Otley	13 0 0	Babies' Home.	
Ouseburn and District	27 12 0	St. Agnes Babies' Home, Harrogate	206 6 5
Pannal and Beckwithshaw	16 0 0		
Rawcliffe	3 4 0		
Rawdon	7 0 0		

Maternity Homes.

The County Council has now arrangements with 29 Municipal Authorities or Hospital Committees for the provision of lying-in accommodation for expectant mothers from the County Maternity and Child Welfare area, an increase of one Institution during the year (Royal Halifax Infirmary).

The total number of patients admitted was 2,594, an increase of 455 over the previous year.

The main increases occurred at Castleford (20), Colne (12), Halifax St. Lukes (16), Harrogate Infirmary (12), Huddersfield Municipal (44), Huddersfield Royal Infirmary (11), Leeds Maternity Hospital (42), Skipton Hospital (97), Wakefield (9). In addition, 194 West Riding patients were admitted to the Halifax Royal Infirmary, with whom the County Council had no arrangements previously.

The admissions to the County Maternity Home at Mexborough and the Edenfield Maternity Home, Doncaster, were the same as last year.

County Maternity Home, Mexborough.

The following gives particulars of the work undertaken during the year at the County Maternity Home.

The new Nurses' Hostel provided in connection with the Montagu Hospital at Mexborough where the County Council has two wards equipped with 20 beds, was completed and opened. The County Council contributed to the cost and gave a grant of £2,500, and in appreciation of this grant the Hospital Committee asked the Chairman of the West Riding Public Health and Housing Committee (County Alderman G. Probert) to unveil a tablet in the main entrance.

Particulars of work undertaken during the year. Twenty maternity beds are provided by the County Council, and during 1933, 306 patients were admitted, and 283 cases were delivered, the average duration of stay being 14 days.

The midwives employed in the wards delivered 257 and the doctors 26 cases. Medical assistance was sought in 86 cases, an increase of 40 over the previous year. Three cases of puerperal pyrexia were notified during 1933. Two cases of ophthalmia neonatorum were notified and both cases cleared up after treatment. There were no cases of pemphigus neonatorum.

The number of infants not entirely breast fed while in the Institution was 20.

Six maternal deaths occurred during the year against eight the previous year. Although one would like to see this number still lower it must be remembered that in an Institution of this kind a large number of women are admitted in emergency when all other measures have failed, and it is a matter of congratulation that the number of deaths has been reduced by two with the same number of admissions.

The cause of death of the six mothers referred to above were due to:—

1. Mitral Stenosis and Pneumonia..
2. Eclampsia (2 cases).
3. Nephritis—Anæmia.
4. Placenta Prævia (2 cases).

Number of infant deaths:—

- (i) Stillborn, 16.
- (ii) Within 10 days of birth, 8.

The cause of death in each case was:—

Prematurity (2), Cerebral Haemorrhage (3), Congenital debility (1), Icterus Neonatorum (1), White Asphyxia (1).

The admissions to this Home are now steady and evidence of the good work which is being carried out is received from all quarters, in fact not a single complaint regarding treatment or food has been received; and Colonel Connell, F.R.C.S., the honorary medical staff, house surgeons, matron, sister and nurses are to be congratulated on the excellent work which is being carried out at the Hospital.

The arrangements, whereby other local authorities exercising their own powers under the Maternity and Child Welfare Act, are allowed to send patients to the maternity wards at the County Maternity Home, are working satisfactorily and the distribution of the 306 cases admitted during 1933 was as under:—

West Riding (M. & C.W. Area)	...	...	...	208
Mexborough Urban District	...	...	...	45
Bolton-on-Deane Urban District	...	...	...	39
Wombwell Urban District	...	...	...	14
			Total	<hr/> 306

EDENFIELD MATERNITY HOME, DONCASTER. This is a private Maternity Home in Doncaster, equipped with 40 beds to which the County Council sent 450 patients during the year. Probably this large number is accounted for by the fact that the Doncaster Royal Infirmary do not admit maternity cases or complications of maternity, and in consequence cases which should properly be treated in the Infirmary have received treatment at the Edenfield Maternity Home. A communication on the subject was addressed to the medical staff of the Doncaster Royal Infirmary with a view to suitable cases being treated in the Infirmary.

HUDDERSFIELD MUNICIPAL MATERNITY HOME. The fees at this Home were increased from the 1st December, 1933, from £3 3s. 0d. to £4 0s. 0d. weekly.

LEEDS MATERNITY HOSPITAL. The fees at this Hospital were reduced during 1933 from 12s. 7d. to 11s. 10d. per patient per day.

ROYAL HALIFAX INFIRMARY. Arrangements were made during the year for West Riding patients to be admitted to the maternity wards of this Infirmary (30 beds) at a cost of 7/- per patient per day.

SOUTH ELMSALL MATERNITY HOME. (HEMSWORTH R.D.). The County Council under an arrangement with the South Elmsall and District Nursing Association paid them a grant of £200 per annum towards the cost of the Maternity Home and this ceased on the 30th June, 1933. In lieu of this arrangement it was decided to pay for beds occupied at a fee of £3 3s. 0d. per patient per week.

WHISTON GRANGE (ROTHERHAM R.D.). In previous reports the possibility of purchasing and adapting Whiston Grange to provide accommodation for 20 maternity beds was dealt with fully, and after much correspondence with the owner with reference to the proposed purchase, the matter fell through after the County Architect had submitted a report on a recent inspection from which it appeared that the property had seriously deteriorated since his previous inspection.

PROVISION OF ACCOMMODATION FOR MATERNITY CASES. The need for the provision of accommodation for the treatment of maternity cases in Area No. 1 comprising the Rotherham and Kiveton Park Rural Districts, and the Maltby, Rawmarsh and Tickhill Urban Districts, with a total population of 86,649, and also Area No. 2, of the Penistone and Wortley Rural Districts and the Hoylandswaine, Hoyland Nether, Penistone, Stocksbridge, Thurlstone and Worsborough Urban Districts with a total population of 78,077, was considered by the Child Welfare Sub-Committee. There is at present no accommodation available for the areas, in which 1,687 and 1,196 births occurred respectively.

Particulars of the estimated cost of providing a maternity home of 20 beds, together with the estimated cost of maintenance of a number of existing maternity homes of similar size, were considered, and the Public Health and Housing Committee recommended, and the proposal was approved by the County Council to erect a maternity home for 20 beds in a suitable position in the Rotherham Rural District at an estimated cost of £10,500, including the cost of the necessary site.

The estimated cost is as follows:—

					£
Erection of Maternity Home	..	...	...	...	8,000
Purchase of site	...	...	...	...	500
Furniture and Equipment	...	...	...	...	2,000
					<hr/>
					£10,500
					<hr/>

The cost of maintenance, including loan charges, per annum, is as follows:—

					£
Gross Expenditure	...	...	...	...	3,545
Estimated Income	...	...	...	...	875
					<hr/>

Net Estimated annual cost £2,670

This suggested scheme is going ahead and the County Architect is preparing the necessary plans. A suitable site consisting of two acres of land has been offered free of cost at Wickersley, on the main Rotherham-Maltby Road, easily accessible by motor transport for all the districts mentioned in Area No. 1, and is an ideal site for the erection of a Maternity Home. At the time of writing (July 1934) the matter is receiving consideration by the Ministry of Health.

PATIENTS ADMITTED TO MATERNITY HOMES.

The following table gives particulars regarding the admission of patients to Maternity Homes during 1933:—

Name of Municipal Authority or Hospital Committee.	No. of Maternity Beds in Institu- tion	No. of patients admitted from C.C.'s area during 1933	Deaths of Mothers	Deaths of Infants	Still- Births	Fees of Home per week
1	2	3	4	5	6	7
1. Barnsley Corporation	7	42	—	2	3	£ s. d. 3 3 0
2. Batley Corporation	10	23	—	—	2	3 0 0
3. Blackburn Corporation	20	—	—	—	—	4 14 6
4. Bradford Corporation	90	29	2	—	2	2 16 0
5. Burnley Corporation	20	—	—	—	—	4 4 0
6. Castleford U.D.C.	14	142	—	1	2	4 4 0
7. Colne Corporation	7	52	—	—	2	3 3 0
8. County Maternity Home, Montagu Hospital, Mexborough	20	306*	6	8	16	3 7 6
9. Doncaster, Edenfield (Private)	40	450	3	20	33	3 7 6
10. Goole U.D.C.	4	12	—	—	—	3 3 0
11. Royal Halifax Infirmary	30	194	6	7	12	2 9 0
12. Halifax St. Luke's Hospital	9	78	—	2	6	2 12 6
13. Harrogate Infirmary	6	29	1	3	3	3 3 0
14. Heckmondwike Nursing Association	6	5	—	—	—	2 7 0
15. Holmfirth, Holme Valley Memorial Hospital	5	59	1	2	2	3 3 0
16. Huddersfield Corporation	20	180	—	4	7	4 0 0
17. Huddersfield Royal Infirmary	6	48	6	3	11	3 3 0
18. Ilkley	11	10	—	—	1	5 5 0
19. Keighley, St. John's Hospital	13	18	—	—	2	2 12 6
20. Leeds Maternity Hospital	126	365	9	24	36	4 2 10
21. Morley Corporation	8	12	—	—	—	3 0 0
22. Oldham Corporation	14	13	—	—	—	3 3 0
23. Ripon	5	18	—	—	1	4 4 0
24. Sheffield, Jessop Hospital for Women	28	224†	7	6	37	3 3 0
25. Shipley and Bingley Joint Municipal	19	13	—	1	2	3 10 0
26. Skipton and District Hospital	6	133	1	11	5	3 7 6
27. South Elmsall, etc.	6	6	—	—	—	3 3 0
28. Wakefield Corporation	12	83	2	3	5	3 3 0
29. York Corporation	28	50	—	2	—	3 7 6
	590	2594	44	99	190	

* This figure includes 45 cases from Mexborough, 39 Bolton-on-Deane and 14 from Wombwell Urban Districts, where the local Councils are the Authority for administering the Maternity and Child Welfare Act.

† West Riding patients admitted under the 1d. in the £ scheme.

Note—(a) Harrogate and the Huddersfield Royal Infirmarys at present only admit complicated cases.

(b) Castleford U.D.C. and Huddersfield Corporation only accept normal cases.

With the exception of Bradford (St. Luke's), Harrogate Infirmary, Halifax (St. Luke's), Huddersfield Royal Infirmary, Leeds, Sheffield, and York, where the fees are inclusive, a surgeon's fee is chargeable for special cases.

It is satisfactory to report that at 18 Maternity Homes where 674 mothers were confined no maternal deaths occurred.

The following summary gives the causes of deaths of the 44 mothers (an increase of 18 over the previous year) referred to in Column 4 of the preceding Table, occurring in 11 Homes, as follows:—Bradford Municipal (2), County Maternity Home (6), Edenfield Maternity Home, Doncaster (3), Halifax Royal Infirmary (6), Harrogate Infirmary (1), Holme Valley Memorial Hospital (1), Huddersfield Royal Infirmary (6), Leeds Maternity Hospital (9), Jessop Hospital for Women, Sheffield (7), Skipton and District Hospital (1), Wakefield Municipal (2).

Puerperal Sepsis	6	Rupt. Uterus	1
Placenta Praevia	4	Internal Haemorrhage	1
Advanced T.B.	1	Peritonitis	1
Hyperemesis	2	Diabetes	1
Eclampsia	7	P.P.H.	2
Heart Failure	5	Mitral Stenosis	2
Broncho Pneumonia	2	Nephritis	1
Pyelitis	1	A.P.H.	1
Cæsarian Section	2	Collapse	1
Shock following operation	1	Cerebral Haemorrhage	1
		Septic Endometritis	1

The following table sets out the causes of death of the 99 infants who died within 10 days of birth in Maternity Homes. This shews an increase of 34 over the previous year.

Prematurity	43	Inanition	1
Convulsions	6	Anencephalus	2
Feebleness	24	Umbilical Haemorrhage	1
Spina Bifida	1	Hydrocephalus	1
Cerebral Haemorrhage	9	Broncho Pneumonia	1
Atelectasis	5	Accidental Haemorrhage	1
Birth injuries	1	White Asphyxia	2
		Icterus Neonatorum	1

LOCAL GOVERNMENT ACT, 1929—PART I.

Under part 1 of the Local Government Act, 1929, 22 Institutions and 1 separate hospital (Keighley) were transferred to the County Council as from the 1st April, 1930. In 16 of these Institutions, 57 beds are available for maternity cases and during 1933, 416 patients were admitted. The following Table gives particulars of these 16 Institutions, shewing beds available, cases admitted, and number of maternal and foetal deaths.

Name of County Institution.	No. of maternity beds.	No. of cases admitted during 1933.	No. of cases delivered by		No. of cases in which medical assistance was sought by a midwife in emergency	No. of cases notified as				No. of Maternal deaths.	No. of Foetal deaths.	
			Midwives.	Doctors.		Puerperal Fever.	Puerperal Pyrexia.	Pemphigus Neonatorum.	Ophthalmia Neonatorum.		Still-born.	within ten days of birth.
1. Batley	10	31	21	10	10	—	—	—	1	—	—	3
2. Clayton	6	11	10	1	1	—	—	—	—	—	—	—
3. Goole	4	11	9	2	2	—	—	—	—	—	—	—
4. Grenoside	1	2	2	—	—	—	—	—	—	—	—	—
5. Hemsworth	2	10	9	1	1	—	—	—	—	—	3	—
6. Keighley	13	261	238	23	5	2	2	—	—	2	10	10
7. Knarborough	4	11	11	—	2	—	—	—	—	—	1	—
8. Otley	2	5	5	—	—	—	—	—	—	—	—	—
9. Penistone	—	2	1	1	—	—	—	—	—	—	—	—
10. Pontefract	5	12	12	—	—	—	—	—	—	—	—	—
11. Ripon	1	2	1	1	1	—	—	—	—	—	1	—
12. Selby	2	13	7	6	6	1	—	—	—	2	2	—
13. Settle	2	2	—	2	—	—	—	—	—	—	—	—
14. Skipton	1	5	3	2	2	—	—	—	—	—	1	—
15. Tadcaster	1	2	—	2	—	—	—	—	—	—	—	—
16. Todmorden	1	5	5	—	—	—	—	—	—	—	—	—
17. Wakefield	2	31	30	1	—	1	3	—	1	1	3	4
	57	416	364	52	30	4	5	—	2	5	21	17

Maternal Deaths. Five occurred in three of the above Institutions during the year. The causes of death were due to:—Puerperal Sepsis (2), Pneumonia (1), Eclampsia (1), Pyelonephritis (1).

Infant Deaths. Seventeen deaths of infants occurred in three of the above Institutions, and these were due to:—Feebleness (5), Prematurity (8), Haemorrhage (3), Pulmonary Melactasis (1).

COLLECTION OF MATERNITY HOME FEES.

The County Council have fixed the maximum fee to be paid by patients received into Maternity Homes by arrangement with the County Council, at £3 3s. 0d. per week, and in cases where the fee charged exceeds £3 3s. 0d. per week the County Council pay the balance of such fee.

The County Council also pay the doctor's and specialist's fees.

In necessitous cases, the County Council pay whole or part of the fees, and the following scale of payment has been adopted as a guide:—

Where the total family income, after deducting 5/- for each child under 14 years of age, and not working.					Amount payable by Patient.
Does not exceed 40/- per week	...	...	...	...	Amount of Maternity Benefit received
Is between 40/- and 50/- per week	...	...	...	...	Half Fees.
Exceeds 50/- per week	...	...	...	...	Whole Fees.

In ascertaining the weekly income of the family, the average earnings for the four weeks preceding the birth are taken.

This Department ascertains the fee to be paid in each case, is responsible for the rendering of accounts, and for the collection of the fees. All the work entailed in the above is carried out by correspondence, and the scheme, which has operated since July, 1929, is working satisfactorily.

The number of claims dealt with are as follows:—

	1931	1932	1933
Whole fees	179	308	179
Half Fees	125	263	334
Maternity Benefit	226	464	979
Total	530	1,035	1,492

The following statement, for the period 1st April to 31st December, 1933, shows the position on the transfer of the collection of fees to the West Riding Treasurer.

	£	s.	d.	£	s.	d.
Amount outstanding on 31st March 1933 ...	910	16	6			
Claims made to 31st December, 1933 ...	3,523	19	8			
Amount recovered ...				2,373	8	0
Fees remitted by Committee ...				399	15	6
Amount Outstanding ...				1,661	12	8
	4,434	16	2	4,434	16	2

Included in the total claims of £3,523 19s. 8d. is a sum of £701 2s. 11d. in respect of patients admitted to the County Maternity Home at Mexborough from the Urban Districts of Bolton-on-Dearne, Mexborough and Wombwell, which Councils are autonomous for Maternity and Child Welfare and have an agreement with the County Council for the treatment of maternity patients from their respective areas.

Convalescent Treatment for Mothers and Infants.

A stay in a Convalescent Home is specially important for recovery after certain cases of confinement, and for some conditions in young children.

The County Council have arrangements with the following Institutions for the admission of mothers and children :—

Name of Convalescent Home.	Class of Patient admitted.	No. of W.R patients admitted during 1933.	Fees of Home per week,		
			£	s.	d.
Scarborough, Royal Northern Sea Bathing Infirmary ...	Mothers	31	Recommend ...	1	1 0
			Board, etc ...	0	12 6
Bridlington, St. Anne's ...	Mothers	—	Recommend ...	1	5 0
			Board, etc. ...	0	15 0
Ilkley ...	Mothers		Board, Residence, etc.	1	0 0
Wentbridge, Convalescent Home for Children ...	Children		do. ...	0	10 0
Yorkshire Home, Withernsea ...	Mothers and Babies	32	do. ...	1	15 0
Blackpool, Seafield Convalescent Home ...	Mothers and Babies	23	do. ...	1	15 0
	Mothers only		do. ...	1	10 0
		86			

The Yorkshire Home at Withernsea for mothers and babies is meeting a long felt want and the two beds reserved by the County Council were kept fully occupied during the season the Home was open.

Homes and Hospitals for Sick or Ailing Children under Five Years of Age.

To supplement the existing work of the Child Welfare Centres, the County Council have arrangements with the following Homes or Hospitals for the admission of children under five years of age :—

Name of Home or Hospital	No. of patients treated by County Council during 1933	Inclusive fees of Home per week		
		£	s.	d.
1. Edenfield Private Maternity Home, Doncaster	7	1	1	0
2. Halifax (St. Luke's Hospital)	—	1	1	0
3. Harrogate Municipal Babies' Hospital	7	1	10	0
4. Harrogate and District General Hospital	4	3	3	0
5. Huddersfield Maternity Home	—	1	1	0
6. Leeds Maternity Hospital	15	1	1	0
7. Marguerite Home, Thorparch (Orthopaedic)	10	1	15	0
8. Scarborough Children's Hospital and Convalescent Home	15	1	1	0
9. Wakefield (Clayton Hospital)	—	2	16	0
10. York Municipal Maternity Hospital	—	1	1	0
11. Yorkshire Children's Orthopaedic Hospital, Kirbymoorside	1	1	18	6
12. Skipton and District Hospital	3	1	1	0
13. Leeds General Infirmary	1	1	1	0
Total ...	63			

Ante-Natal Clinics.

Further strides were made during 1933 in the establishment of Ante-natal Clinics at existing Child Welfare Centres, and 44 such special Clinics are now provided in the County Maternity and Child Welfare area, an increase of 10 over the previous year. These were opened in connection with the Centres at Adwick-le-Street, Ardsley West, Darfield, Drighlington, Glasshoughton, Guiseley, Penistone, Thurcroft, Thurnscoe West and West Melton.

The programme for 1934 includes the provision of special Ante-natal Clinics at Allerton Bywater, Armthorpe, Catcliffe, Chapeltown, Crofton, Denby Dale, Edlington, Horbury and Upper Conisborough.

During 1933, 3,712 expectant mothers made 10,227 attendances at the Ante-natal Clinics, an increase of 237 mothers and 1,317 attendances. The percentage of total notified births (live and still) represented by the number attending was 26·9, an increase of 3·2% over the previous year.

All patients booking at Maternity Homes are seen at the Ante-Natal Clinics established in the Home prior to admission.

During the year the Child Welfare nurses made 9,988 visits to expectant mothers.

The demand for advice is increasing and it was necessary to arrange additional sessions at Hoyland and Swinton.

Ordinarily these special sessions are held monthly, but whenever the occasion demands, additional sessions are held.

The following list gives particulars of Centres where separate Ante-natal Clinics are established together with the day and time and average attendances per session.

ANTE-NATAL CLINICS.

Name and address of Clinic.	Day and time of monthly meeting.	Doctor in attendance.	Average attendance per Session.
1. Adwick-le-Street U.D., Woodlands Wesleyan Chapel	First and Third Wednesday Afternoon	Dora Chapman, M.B., Ch.B.	14
2. Airedale (Pontefract R.D.), Holy Cross Hut	First and Third Thursday Afternoon	Christina M. Hawick, M.B., Ch.B.	5
3. Ardsley E. & W. U.D., House, No. 1, Syke Lane, West Ardsley	Second Thursday Afternoon	Dorothy Summers, M.B., Ch.B.	—
4. Askern (Doncaster R.D.), Wesleyan Sunday School ...	Last Thursday ..	D. Malloch, M.B., Ch.B.	10
5. Bentley U.D., Welfare Pavilion	First Friday ..	Bessie Cook, M.B., Ch.B.	8
6. Carcroft (Adwick-le-Street U.D.), Presbyterian Sunday School ...	First Monday ..	Bethia M. Newlands, M.B., Ch.B.	13
7. Conisbrough U.D., Army Hut, Balby Street Council School ...	First Wednesday ..	Bethia M. Newlands, M.B., Ch.B.	15
8. Cudworth U.D., Wesley Hall ...	First Friday ..	Aileen I. McMahon, M.R.C.S., L.R.C.P.	15
9. Dalton (Rotherham R.D.), Primitive Methodist Chapel ...	Last Thursday ..	Enid F. Cook, M.B., Ch.B.	12
10. Darfield U.D., Wesleyan Sunday School	Second Friday ..	Mary Boyd, M.B., Ch.B.	—
11. Darton U.D., Primitive Methodist Chapel	First Friday ..	Joyce E. M. White, M.R.C.S., L.R.C.P.	13
12. Dinnington (Kiveton Park R.D.), Wesleyan Sunday School ...	First Friday ..	Marjorie T. Jago, M.B., Ch.B.	9
13. Drighlington U.D., Wesleyan Sunday School	Last Thursday ..	Dorothy Summers, M.B., Ch.B.	7
14. Fitzwilliam (Hemsworth U.D.), Church Hut	First Wednesday ..	M. S. Ross, M.B., Ch.B.	16
15. Glasshoughton (Pontefract R.D.), St. Paul's Institute	Second Wednesday ..	Emily E. Johnson, M.B., Ch.B.	—
16. Guiseley U.D., Baptist Church ...	First Wednesday Morning	Dorothy Summers, M.B., Ch.B.	—
17. Hemsworth U.D., Army Hut, West End Council School ...	First Tuesday Afternoon	Aileen I. McMahon, M.R.C.S., L.R.C.P., D.P.H.	13
18. Hipperholme U.D., Wesleyan Sunday School	First Friday ..	Elizabeth Thompson, M.B., Ch.B.	7
19. Horsforth U.D., St. Margaret's Hall	Third Monday ..	C. W. Dudley, M.B., Ch.B.	5
20. Hoyland U.D., 8, Kirk Balk ...	First and Third Monday Afternoons	Enid F. Cook, M.B., Ch.B.	16
21. Kirk Sandall (Doncaster R.D.), Assembly Hall	First Monday Afternoon	Joseph Graham, M.B., Ch.B.	2
22. Knaresborough U.D., Fysche Hall Cottage, Isles Lane ...	First Monday ..	Muriel Keyes, L.R.C.P., L.R.C.S.	5
23. Maltby U.D., Congregational Chapel	First Tuesday ..	W. Land Dibb, M.B., Ch.B.	5
24. Meltham U.D., Baptist Church ...	First Thursday ..	Hilda Leake, M.B., Ch.B. (Hrs.).	10
25. Milnsbridge (Linthwaite U.D.), 93, Manchester Road	First Thursday ..	A. Rennie, M.B., Ch.B.	7
26. Mirfield U.D., Ings Grove ...	Third Monday ..	Hilda Leake, M.B., Ch.B. (Hrs.).	14
27. Moorends (Thorne R.D.), Wesleyan Chapel	Second Wednesday Morning and Afternoon	Helen Lindsay, M.B., Ch.B.	13
28. Normanton U.D., Park Pavilion	Second and Fourth Thursday Mornings	Gertrude M. Mayhall, M.R.C.S., L.R.C.P.	12
29. Otley U.D., Primitive Methodist Chapel	First Tuesday Afternoon	E. Linfoot, M.R.C.S., L.R.C.P.	8
30. Outwood (Stanley U.D.), Church Institute	Second Wednesday ..	J. D. Bottomley, M.B., Ch.B.	8
31. Penistone U.D., Shrewsbury Methodist Chapel	First Friday ..	Muriel Wilby, M.R.C.S., L.R.C.P.	—
32. Queensbury U.D., Cricket Pavilion	First Friday ..	George C. Sharp, M.B., Ch.B.	6
33. Rawmarsh U.D., Spiritual Temple, Parkgate	Alternate Thursday ..	Doris Pindar, M.B., Ch.B.	22
34. Rossington (Doncaster R.D.), United Methodist Church ...	First and Third Thursday Afternoons	Helen Lindsay, M.B., Ch.B.	15
35. Sowerby Bridge U.D., Allan House	First Tuesday Afternoon	Janet M. Macmillan, M.B., Ch.B.	6
36. Stainforth (Thorne R.D.), New Wesleyan Chapel	First Wednesday Morning and Afternoon	Helen Lindsay, M.B., Ch.B.	16
37. Stanley U.D., Zion Congregational Chapel	First Friday Afternoon	Dorothy Summers, M.B., Ch.B.	10
38. Swillington (Tadcaster R.D.), Hut, near Church	First Thursday ..	Dorothy Summers, M.B., Ch.B.	12
39. Swinton U.D., Rock House ...	First and Third Friday Afternoons	Mary Boyd, M.B., Ch.B.	14
40. Thurcroft (Rotherham R.D.), Miners' Welfare Institute ...	First Thursday ..	Dora Chapman, M.B., Ch.B.	—
41. Thurnscoe U.D., St. Helen's Sunday School	Last Friday ..	Joyce E. M. White, M.R.C.S., L.R.C.P.	—
42. Wath-on-Deerne U.D., West Melton Wesleyan Chapel ...	Second and Fourth Wednesday Afternoons	Dora Chapman, M.B., Ch.B.	—
43. Whitwood U.D., Memorial Hall	First Tuesday Afternoon	Marjorie Steven, M.B., Ch.B.	5
44. Worsborough U.D., Wesleyan Sunday School, Worsborough Dale	Alternate Tuesdays, 12 to 2 p.m.	H. A. L. Banham, L.R.C.P., L.R.C.S.	15

Child Welfare Centres and School Clinics.

The following is a list of Centres established by the County Council and also of the Voluntary Centres in the Riding :—

Name and Address.	Sessions held weekly, fortnightly, etc.	Day and time of Meeting.	Av. Attendance per Session		Number who attended for the first time during 1933			Present arrangements for medical supervision	Total No. of Sessions held.	No. of Cases seen by Medical Officer		Total No. of attendances at Centres during 1933.				Total No. of children who were in attendance at the Centre and who, at the end of the year were:—	
			Expectant Mothers.	Children	Expectant Mothers.	Children under one.	Children between the ages of one and five			Exp. Mos.	Children	Exp. Mos.	Infants under one.	Children between 1 & 5 yrs.	Total Children	Under one year of age	Between the ages of 1 and 5 yrs.
1. Adwick-le-Street, Woodside Methodist Chapel, Woodlands ...	Weekly	Thurs. 2—4	—	76	32	149	20	Whole-time M.O.H.	47	32	756	33	1154	2446	3600	118	203
2. Airedale (Pontefract R.D.), Holy Cross Hut, ...	Do.	Mon. 2—4	9	47	69	68	23	Part-time Medical woman	48	160	1642	160	1296	939	2235	91	119
3. Allerton Bywater (Tadcaster R.D.) Miners' Welfare Inst. ...	Do.	Mon. 2—4	1	50	16	92	121	Part-time Medical man	45	44	1064	25	1638	612	2250	71	102
4. Altofts, Red Triangle Club ...	Do.	Wed. 2—4	—	30	—	48	3	Do.	48	—	382	—	865	592	1457	51	69
5. Ardsley East (Ardsley E. & W. U.D.), Primitive Methodist Chapel ...	Do.	Tues. 2—4	—	36	4	48	5	Do.	47	10	508	8	877	828	1705	36	56
6. Ardsley West (Ardsley E. & W. U.D.), 1, Syke Lane, West Ardsley ...	Do.	Mon. 2—4	—	37	3	42	2	Do.	42	8	433	9	840	712	1552	33	60
7. Armthorpe (Doncaster R.D.), Miners' Welfare Institute ...	Do.	Thurs. 2—4	—	86	26	90	25	Do.	49	23	1248	31	2542	1658	4200	52	62
8. Askern (Doncaster R.D.), Baptist Sunday School ...	Do.	Tues. 2—4	10	22	53	97	30	Do.	46	129	667	84	797	234	1031	96	31
9. Baildon, Wesleyan Chapel ...	Do.	Mon. 2—4	—	27	1	71	14	Do.	44	2	537	1	921	268	1189	56	83
10. Barnoldswick, Bethesda Baptist Chapel ...	Do.	Thurs. 2—4	—	47	11	83	8	Part-time Medical woman	48	5	203	16	2154	100	2254	75	4
11. Bentley, Welfare Pavilion ...	Do.	Wed. 2—4	7	78	30	103	40	Whole-time M.O.H.	47	57	1395	50	1270	2409	3679	130	160
12. Birdwell, (Worsborough U.D.), United Methodist Church, Chapel Street ...	Do.	Wed 2—4	1	49	6	45	15	Part-time Medical man	51	21	788	48	1866	622	2488	50	100
13. Birkenshaw, Methodist Free Church ...	Do.	Tues. 2—4	—	37	5	62	18	Do.	46	6	880	10	984	717	1701	59	102
14. Birstall, United Methodist Church ...	Do.	Wed. 2—4	1	42	23	81	23	Do.	49	5	690	60	973	1079	2052	147	161
15. Boston Spa (Wetherby R.D.), Congregational Chapel ...	Do.	Wed. 2—4	—	25	11	32	13	School M.I.	50	39	1085	39	836	419	1255	34	67
16. Bramley (Rotherham R.D.), Miners' Welfare Hall ...	Do.	Wed. 2—4	—	38	19	101	24	Part-time Medical man	51	24	719	19	1218	702	1920	77	158
17. Carcroft (Adwick-le-Street U.D.), Presbyterian Sunday School ...	Do.	Thurs. 2—5	12	59	81	96	36	Whole-time M.O.H.	48	157	707	157	878	1944	2822	110	98
18. Catcliffe (Rotherham R.D.), Church Mission Hall ...	Fort-nightly	Wed. 2—4	5	73	25	90	5	Part-time Medical man	25	117	1832	117	1168	664	1832	74	115
19. Chapeltown (Wortley R.D.), Miners' Welfare Pavilion ...	Weekly	Wed. 2—4	—	51	3	74	8	Whole-time M.O.H.	51	3	618	3	1419	1181	2600	63	135

Child Welfare Centres and School Clinics.—continued.

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20. Conisborough, Army Hut, Balby Street Council School ...	Weekly	Thurs. 2—4	15	90	87	142	21	School M.I.	49	180	1510	253	2574	1827	4401	112	61	
21. Conisborough (Upper), Miners' Welfare Institute	Do.	Mon. 2—4	2	97	28	129	16	Part-time Medical woman	45	28	1366	93	3539	816	4355	107	187	
22. Crigglestone (Wakefield R.D.), Methodist New Connexion Chapel ...	Do.	Wed. 2—4	—	42	7	59	10	Part-time Medical man	51	37	1414	39	1090	1034	2124	47	109	
23. Crofton (Wakefield R.D.), United Methodist Church	Do.	Mon. 2—4	—	42	10	73	10	Do.	46	30	1122	30	1037	902	1939	50	127	
24. Cudworth, Wesley Hall	Do.	Wed. 2—4	14	66	77	156	102	Do.	51	184	933	357	2361	1004	3365	110	68	
25. Dalton (Rotherham R.D.), Primitive Methodist Chapel	Do.	Wed. 2—4	12	43	49	71	10	Do.	50	137	979	141	1613	542	2155	175	30	
26. Darfield, Wesleyan Sunday School, Barnsley Road ...	Do.	Wed. 2—4	5	37	38	60	19	Do.	50	108	365	264	1240	625	1865	45	127	
27. Darton (Staincross), Wesleyan S.S., Barnsley Road ...	Do.	Thurs. 2—4	—	47	6	50	9	Do.	50	2	468	6	764	1580	2344	56	92	
28. Darton (Darton), Primitive Methodist Chapel	Do.	Wed. 2—4	3	61	53	86	19	Do.	51	13	655	148	1057	2073	3130	86	152	
29. Darton (Gawber), Adult School	Do.	Tues. 2—4	—	43	—	53	16	Do.	47	—	531	—	790	1237	2027	49	130	
30. Denby and Cumberworth, Victoria Memorial Hall ...	Fort-nightly Weekly	Wed 2—4	—	24	5	36	2	School M.I.	25	4	510	9	520	80	600	18	79	
31. Dinnington (Kiveton Park R.D.), Wesleyan Sunday School	Do.	Tues. 2—4	9	64	94	120	30	Part-time Medical woman	45	102	569	112	1906	976	2882	110	90	
32. Dodworth, Mechanics' Institute, High Street ...	Do.	Tues. 2—4	2	67	34	115	10	Part time Medical man	46	42	920	84	1733	1326	3059	90	166	
33. Drighlington, Wesleyan Sunday School ...	Do.	Mon. 2—4	9	41	48	59	14	Part-time Medical woman	46	113	1533	127	1040	823	1863	56	71	
34. Dunscroft, (Thorne R.D.), Church Hall	Do.	Tues. 2—4	—	45	5	95	20	Part-time Medical man	44	5	1095	5	1140	955	2095	95	194	
35. Earby, Old Grammar School	Do.	Wed. 2—4	1	30	9	51	3	do.	45	19	196	48	601	748	1349	38	91	
36. Ecclesfield (Wortley R.D.), Gatty Memorial Hall	Weekly	Mon. 2—4	—	50	2	62	16	Whole time M.O.H.	46	8	570	8	824	1462	2286	46	76	
37. Edlington (Doncaster R.D.), Primitive Methodist Chapel	Do.	Tues. 2—4	—	52	8	120	11	Do.	47	6	1106	19	1850	580	2430	102	88	
38. Elland, Drill Hall	Do.	Wed. 2—4	1	43	13	61	129	Part-time Medical man	49	41	735	41	1039	1051	2090	55	127	

Child Welfare Centres and School Clinics.—continued.

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39. Farsley, United Methodist Church	Weekly	Tues. 2—4	—	47	2	62	4	Part-time Medical man	45	3	510	844	1294	2138	62	149		
40. Ferrybridge (Pontefract R.D.), Wesleyan Chapel	Do.	Wed. 2—4	—	36	12	69	17	Do.	50	11	647	711	1100	1811	54	135		
41. Garforth, St Mary's Hall	Do.	Mon. 2—4	6	65	41	85	4	Do.	46	227	1844	1458	1538	2996	56	174		
42. Glasshoughton (Pontefract R.D.), St. Paul's Institute	Do.	Mon. 2—4	2	45	17	79	23	Part-time Medical woman	47	93	1398	1464	646	2110	59	84		
43. Glusburn (Skipton R.D.), Glusburn Institute	Fortnightly	Tues. 2—4	—	41	1	50	46	Do.	24	—	797	506	484	990	26	70		
44. Golcar, Council Offices	Weekly	Wed. 2—4	—	41	12	67	22	Do.	50	13	822	816	1225	2041	62	314		
45. Greasborough, Town Hall	Do.	Mon. 2—4	1	10	28	25	27	Part-time Medical man	46	68	457	225	230	455	29	116		
46. Greetland, Clay House	Do.	Tues. 2—4	—	34	4	41	8	Do.	45	4	391	592	955	1547	36	66		
47. Guiseley, Baptist Church	Do.	Thurs. 2—4	—	42	13	85	17	Part-time Medical woman	50	29	917	1560	541	2101	85	17		
48. Haworth, Hall Green Baptist School	Do.	Tues. 2—4	—	18	2	47	13	Do.	45	—	228	313	512	825	34	93		
49. Hebden Bridge, Old Secondary School, Pitt Street	Do.	Wed. 2—4	—	21	15	67	13	Do.	49	30	505	474	550	1024	111	79		
50. Hemsworth, Army Hut, West End Council School	Do.	Mon. 2—4	16	72	55	127	7	School M.I.	47	176	1255	2146	1252	3398	122	147		
51. Hemsworth (Fitzwilliam) Church Hut	Do.	Tues. 2—4	17	69	160	117	11	Part-time Medical man	47	209	1212	1802	1469	3271	100	149		
52. Hipperholme, Wesleyan Sunday School	Do.	Mon. 2—4	6	40	24	59	6	Part-time Medical woman	46	67	744	1009	841	1850	49	92		
53. Holmfirth, Town Hall	Do.	Thurs. 2—4	—	20	11	75	27	Do.	49	21	706	512	495	1007	62	127		
54. Horbury, Wesleyan Sunday School	Do.	Mon. 2—4	—	58	19	101	12	Part-time Medical man	46	—	979	1262	1427	2689	96	130		
55. Horsforth, St. Margaret's Hall	Do.	Wed. 2—4	6	54	16	84	7	Do.	50	61	312	1850	857	2707	71	129		
56. Hoyland, Miners' Welfare Institute	Do.	Tues. 2—4	15	130	46	165	31	Do.	47	144	1793	2428	3704	6132	116	296		
57. Hoyland Common (Hoyland U.D.), Wesleyan Chapel	Do.	Thurs. 2—4	3	87	17	76	26	School M.I.	49	56	1304	1964	2293	4257	90	183		
58. Ingleton (Settle R.D.), Literary Institute	Fortnightly	Tues. 2—4	—	19	6	26	12	Part-time Medical man	24	14	321	183	279	462	23	54		
59. Kippax (Tadcaster R.D.), Trinity Methodist Chapel	Weekly	Tues. 2—4	—	23	13	70	53	Do.	46	28	811	743	336	1079	45	76		

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60. Kirkburton, Drill Hall	Fortnightly	Thurs. 2—4	—	26	3	52	45	Part-time	37	3	331	23	634	321	955	36	85
61. Kirk Sandall (Doncaster R.D.), Assembly Hall	Weekly	Thurs. 2—4	2	43	12	50	6	Do.	49	24	451	24	1412	702	2114	50	79
62. Knaresborough, Fysche Hall	Do.	Tues. 2—4	5	52	95	62	—	School M.I.	45	80	1098	154	1963	367	2330	62	98
63. Cottage, Isles Lane	Do.	Mon. 2—4	—	39	16	87	7	Part-time	45	25	544	34	1284	500	1784	70	143
64. Knottingley, Secondary School, Chapel Street	Do.	Tues. 2—4	2	49	35	70	19	Medical man	46	34	594	106	365	1911	2276	70	263
65. Lepton, Liberal Club	Do.	Tues. 2—4	7	27	14	43	16	Do.	46	28	716	27	471	758	1229	30	68
66. Linthwaite, Bungalow, 93, Manchester Road, Milsbridge	Do.	Tues. 2—4	—	—	—	—	—	School M.I.	—	—	—	—	—	—	—	—	—
67. Maltby, Congregational Chapel,	Do.	Mon. 2—4	8	75	54	201	169	School M.I.	47	97	528	112	2113	1421	3534	173	85
68. Marsden, Conservative Club	Do.	Thurs. 2—4	—	43	3	54	4	Medical man	51	11	951	13	1442	769	2211	40	127
69. Meltham, Baptist Church	Do.	Tues. 2—4	10	47	42	64	4	Do.	47	115	281	115	914	1319	2233	54	119
70. Mirfield, Ings Grove	Do.	Friday 2—4	14	30	78	120	14	School M.I.	47	170	724	188	1125	305	1430	110	190
71. Micklefield (Tadcaster R.D.), Wesleyan Chapel	Fortnightly	Tues. 2—4	2	44	22	30	9	Medical woman	26	50	1021	61	420	712	1132	24	101
72. Moorends (Thorne R.D.), Wesleyan Chapel	Weekly	Thurs. 2—4	13	59	120	148	26	School M.I.	51	327	1380	259	2440	559	2999	132	136
73. Normanton, Park Pavilion	Do.	Tues. & Thurs. 2—4	12	83	83	164	—	School M.I.	46	312	2245	299	1528	2288	3816	133	48
74. Otley, Primitive Methodist Chapel, Station Road	Do.	Thurs. 2—4	8	64	33	98	7	Medical man	49	128	480	196	1960	1179	3139	82	149
75. Oulton (Hunslet R.D.), Village Institute	Do.	Tues. 2—4	—	22	5	49	7	Do.	46	12	868	11	629	398	1027	44	58
76. Outwood (Stanley U.D.), Church Institute	Do.	Mon. 2—4	8	37	50	76	29	Do.	47	72	1479	72	1170	566	1736	64	26
77. Oughtibridge (Wortley R.D.), Church Hall	Do.	Thurs. 2—4	—	32	7	32	8	Do.	51	20	1293	20	314	1311	1625	24	99
78. Penistone, "Shrewsbury" Methodist Chapel	Do.	Mon. 2—4	—	45	10	48	7	Part-time	46	15	713	10	800	1280	2080	76	178
79. Queensbury, Cricket Pavilion	Do.	Tues. 2—4	5	45	18	68	16	woman	46	112	996	21	1836	251	2087	68	96
80. Rawmarsh, Spiritual Temple, Parkgate	Do.	Tues. 2—4	17	87	503	201	617	man	45	486	1411	768	2281	1642	3923	151	49
81. Ripon City, Alma House	Do.	Mon. 2—4	—	54	12	56	12	School M.I.	45	19	847	88	676	1758	2434	35	145
82. Royston, Wesleyan Sunday School	Do.	Wed. 2—4	1	70	7	92	23	Do.	51	48	1063	107	1945	1637	3582	69	135

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82. Rossington (Doncaster R.D.), United Methodist Church	Weekly	Tues. 2—4	17	51	129	117	20	Part-time Medical man	47	299	622	262	1960	457	2417	104	94
83. Saddleworth, Mechanics' Institute, Uppermill	Do.	Wed. 2—4	—	51	12	74	11	Do.	49	8	402	30	870	1615	2485	59	180
84. Selby, Museum Hall, Park Street	Do.	Fri. 2—4	—	25	3	54	3	Whole-time M.O.H.	49	3	811	12	707	526	1233	41	70
85. Settle (Settle R.D.), Wesleyan Sunday School	Do.	Thurs. 2—4	—	20	4	32	13	School M.I.	42	5	378	17	399	438	837	39	50
86. Sharlston (Wakefield R.D.), St. Luke's Hall	Do.	Tues. 2—4	—	41	6	79	8	Part-time Medical man	46	8	1236	8	1159	733	1892	60	247
87. Silsden, Ambulance Station, Kirkgate	Fort-nightly Weekly	Tues. 2—4	—	24	5	31	40	Part-time Medical woman	23	5	227	5	203	357	560	31	40
88. Snaith (Goole R.D.), House, Market Place	Do.	Thurs. 2—4	—	18	1	30	11	Part-time Medical man	50	4	875	4	395	500	895	30	76
89. Skipton, Wesleyan Methodist Sunday School, Water Street	Do.	Wed. 2—4	—	60	4	111	92	School M.I.	43	19	829	18	1190	1389	2579	38	165
90. Slaithwaite, United Methodist Sunday School, Carr Lane	Do.	Wed. 2—4	—	38	—	77	56	Part-time Medical man	50	5	802	—	886	1039	1925	37	94
91. Stainforth (Thorne R.D.), New Wesleyan Church	Do.	Tues. 2—4	15	75	81	178	9	Part-time Medical woman	46	194	1381	174	3084	359	3443	118	24
92. South Milford (Tadcaster R.D.), St. Mary's Schoolroom	Fort-nightly Weekly	Tues. 2—4	—	49	7	48	3	School M.I.	25	19	1174	19	918	306	1224	44	22
93. Sowerby Bridge, Allan House	Do.	Tues. & Thurs. 2—4	6	34	46	195	24	Do.	94	98	1947	95	1365	1780	3145	195	240
94. Stannington (Wortley R.D.), Underbank Chapel	Do.	Wed. 2—4	—	34	12	40	8	Part-time Medical woman	49	25	966	48	416	1229	1645	33	77
95. Stocksbridge, Mozart House, Deepcar	Do.	Tues. 2—4	—	32	8	54	7	Part-time Medical man	46	8	730	13	878	587	1465	91	117
96. Swallownest (Rotherham R.D.), Church Hall	Fort-nightly Weekly	Mon. 2—4	2	34	52	61	11	Part-time Medical woman	26	52	654	120	717	168	885	195	96
97. Swinton, Rock House	Do.	Mon. & Wed. 2—4	14	47	68	178	5	Part-time Medical woman and man	95	222	1204	274	3117	1420	4537	216	227
98. Stanley, Zion Congregational Chapel	Do.	Mon. 2—4	11	13	50	60	—	Part-time Medical man	47	126	457	111	515	93	608	60	79

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99. Swillington, (Tadcaster R.D.), Hut near church	Fort-nighly Weekly	Wed. 2—4	13	51	76	44	14	Part-time Medical man	26	257	1260	256	508	817	1325	36	117	
100. Swinefleet, (Goole R.D.), Prospect House	Fort-nighly Weekly	Tues. 2—4	—	15	6	29	10	Part-time Medical woman	47	26	702	25	29	693	722	20	68	
101. Tadcaster (Tadcaster R.D.), Shann House, Westgate	Fort-nighly Weekly	Tues. 2—4	—	47	5	38	8	Do.	26	17	931	18	590	638	1228	41	119	
102. Thorne, (Thorne R.D.), Temperance Institute	Do.	Wed. 2—4	—	51	12	103	33	Part-time Medical man	50	13	789	12	875	1690	2565	87	170	
103. Thurcroft, (Rotherham R.D.), Miners' Welfare Institute	Do.	Mon. 2—4	10	56	8	53	25	Do.	43	62	380	15	2178	215	2393	114	72	
104. Thurnscoe (West), Church Sunday School	Fort-nighly Do.	Mon. 2—4	—	43	5	75	—	Do.	23	14	277	17	618	378	996	70	34	
105. Thurnscoe (East), Parish Hall	Do.	Mon. 2—4	—	39	4	69	2	Do.	22	7	251	12	753	110	863	56	24	
106. Wales' (Kiveton Park R.D.), Methodist Chapel	Weekly	Mon. 2—4	—	22	—	70	48	Do.	49	1	215	—	634	436	1070	40	52	
107. Wath, Wesleyan Assembly Hall	Do.	Mon. 2—4	—	73	6	70	10	Do.	47	—	835	26	1050	2389	3439	70	100	
108. West Melton (Wath U.D.), Wesleyan Chapel	Do.	Tues. 2—4	—	69	7	101	20	Do.	47	11	851	28	1417	1826	3243	87	72	
109. Wetherby (Wetherby R.D.), Wesleyan Sunday School	Do.	Thurs. 2—4	—	30	10	24	12	Do.	51	10	205	40	700	849	1549	20	40	
110. Whiston (Rotherham R.D.), Church Institute	Fort-nighly	Thurs. 2—4	—	12	3	32	1	Part-time Medical woman	26	9	206	8	125	198	323	21	36	
111. Whitwood, Memorial Hall	Weekly	Wed. 2—4	8	75	54	193	90	Do.	50	154	1417	154	2100	1652	3752	93	169	
112. Wrenthorpe (Stanley U.D.), Church Sunday School	Do.	Thurs. 2—4	—	37	10	30	6	Do.	51	20	861	18	565	1341	1906	26	39	
113. Worsborough, Wesleyan Sunday School, Worsborough Dale	Do.	Thurs. 2—4	15	116	71	156	34	Part-time Medical man	49	186	2085	179	1812	3892	5704	139	231	
114. Yeadon, Town Hall	Do.	Tues. 2—4	—	49	2	124	10	Do.	48	5	856	5	1362	984	2346	89	152	

VOLUNTARY INFANT WELFARE CENTRES

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1. Bentham (Settle R.D.), St. Margaret's Sunday School	Fort-nightly	Thur. 2—4	—	14	2	15	2	Part-time Medical woman	18	—	141	2	40	207	247	8	41
2. Bardsey (Wetherby R.D.), Guest House, Ripton Hill Estate	Do.	Tues. 2—4	—	17	2	12	8	Do.	23	—	205	6	210	180	390	20	25
3. Kirkhamgate (Wakefield R.D.), Church Mission Room	Monthly	Wed.(1st & 3rd) 2—3	—	17	—	—	—	Do.	4	—	27	—	51	20	71	—	—
4. Methley, Mickletown Institute	Weekly	Mon. 2—4	—	42	—	44	—	Part-time Medical man	46	—	458	—	816	1120	1936	35	115
TOTAL ..					3498	9213	2985			7235	97517	9314	136210	114380	250590	8340	12481

ATTENDANCES AT CHILD WELFARE CENTRES.

The total attendances at Child Welfare Centres shew a decrease of 3,616 infants compared with the previous year. A comparison of the average attendances per session shows that the attendances have increased at 64 Centres and decreased at 46, while at eight Centres the numbers are stationary. The most notable increases are recorded at Thurcroft (37), Hemsworth (28), Worsborough (26), Linthwaite, Queensbury and Yeadon (18), Greasbrough and Lepton (17), Armthorpe, Birdwell and Hoyland Common (16), Catcliffe and Garforth (14), Darfield, Dodworth, Ecclesfield, Normanton and Wath (13), and Carcroft (10).

Decreases of 10 or more were recorded at Barnoldswick, Conisbrough Upper, Conisbrough, Dinnington, Edlington, Golcar, Kippax, Knaresborough, Mirfield, Micklegate, Moorends, Outwood, Rawmarsh, Rossington, Swinton, and Stanley.

The number of expectant mothers and children who attended a Child Welfare Centre for the first time numbered 3,498 expectant mothers and 12,198 children (see preceding table), an increase over the year 1932 of 259 expectant mothers. There was a decrease, however, of 1,018 children, but the declining birth rate probably accounts for this falling off in the number of children attending a Centre for the first time, as the percentage of notified births represented in this number was 69.3% against 66.6% in 1932, while the percentage of expectant mothers was 26.9% of the total notified births against 23.7% in 1932.

The total attendances at the 118 Centres open in the Riding at the end of the year were 9,314 expectant mothers and 250,590 children, the average attendance per session being 7 and 47 respectively.

ESTABLISHMENT OF INFANT WELFARE CENTRES.

No new Centres were opened during the year. Applications for the establishment of a Child Welfare Centre were received from Skelmanthorpe, Springhead and Sprotborough. It is hoped to meet the needs which appear more urgent in Springhead and Sprotborough during the year 1934.

At Springhead, there is some difficulty in finding suitable premises but no doubt this will be overcome.

At Sprotborough, a new Elementary School is to be provided and plans are being prepared to have a Medical Centre as an adjunct, the Centre building costing somewhere in the region of £1,000.

PREMISES.

Arrangements for transfer to more commodious premises were made at Askern, Ingleton, Kirkburton and Wrenthorpe.

Perambulator sheds were provided at West Ardsley and Wrenthorpe.

Renovations to premises were carried out at Knottingley, Stocksbridge and West Ardsley. Additional heating was provided at Barnoldswick and minor repairs were carried out at Knottingley.

At Baildon, arrangements were made with the trustees of the Wesleyan Chapel to use the large hall in place of the Infants' room, and another small room in place of the room previously used by the Medical Officer for the more commodious working of the Centre.

At Crigglestone a proposal is on foot to purchase premises known as the Village Institute, and Caretaker's cottage attached, together with approximately one rood seven perches of land from the trustees of the Institute at the price of £250, for use as a Centre for public health purposes, but a hitch in the negotiations has occurred due to the intervention of the Charity Commissioners.

At Milnsbridge, certain rooms were used by the Public Assistance Committee, and these were vacated in March, and the work of the Public Assistance Committee was transferred to more central premises.

At Bramley the Centre is held in the Miners' Welfare Institute and is used on one day a week as a Child Welfare Centre and School Clinic, and during the year the premises were taken over by the West Riding Education Committee for use as a temporary school, with the result that the accommodation now available for child welfare purposes is reduced to two small rooms.

MEDICAL OFFICERS OF CENTRES.

The following new appointments were made during the year:—

Name of Centre.	Medical Officer.
Ardsley E. & W. (Ante-natal Officer).	Dorothy Summers.
Barnoldswick	A. I. Neilson.
Bentley do.	Bessie E. Cook.
Dalton do.	Enid F. Cook.
Darton do.	Joyce E. M. White.
Guiseley do.	Dorothy Summers.
Hipperholme	Elizabeth Thompson.
Hoyland do.	Enid F. Cook.
Ingleton	G. J. Marks.
Moorends /do.	Helen Lindsay.
Otley	E. Linfoot.
Penistone	Muriel Wilby.
Rossington do.	Helen Lindsay.
Stainforth do.	Helen Lindsay.
Thurnscoe do.	Joyce E. M. White.
West Melton do.	Dora Chapman.
Woodlands do.	Dora Chapman.

The following resigned their appointments:—

Name of Centre.	Medical Officer.
Barnoldswick	Dorothy Hill.
Darton and Hoyland (Ante-natal Officer.)	Margaret Castle.
Ingleton	J. MacLeod.
Otley	H. V. Horsfall.
Moorends, Rossington and Stainforth do.	Barbara Demaine.
Thurcroft do.	Janet Fawcett.

It is with regret I have to report the death during the year of Dr. A. C. J. Wilson of Penistone. He was Medical Officer of Health for Thurlstone, and Medical Officer to the Child Welfare Centre at Penistone.

Notification of Births Acts.

During the year, 15,804 live births (15,200 legitimate, 604 illegitimate) and 798 still births (755 legitimate, 43 illegitimate), were registered in the County Notification of Births Area, and 13,799 (13,285 live births and 514 still births) were notified. Of the 13,799 births, 10,935 were notified by midwives, and 2,864 by doctors and parents.

In 1933 there were 10 Boroughs, 11 Urban Districts and 1 Rural District exercising powers under the Maternity and Child Welfare and Notification of Births Acts, namely:—The Boroughs of Batley, Brighouse, Goole, Harrogate, Keighley, Morley, Ossett, Pontefract, Pudsey and Todmorden; the Urban Districts of Bingley, Bolton-upon-Deane, Castleford, Featherstone, Heckmondwike, Ilkley, Mexborough, Rothwell, Shipley, Spenborough and Wombwell, and the Rural District of Hemsworth.

The population of the Administrative County at the 1931 Census was 1,530,110, and deducting the 22 autonomous areas enumerated above, having a total population of 497,037, the population of the County Notification of Births Area totalled 1,033,073.

Arrangements made by the County Council in the interests of economy and to avoid overlapping are as follows:—

Authorities performing school nursing for County Council on agreed terms: Bolton-upon-Deane, Bingley, Heckmondwike, Rothwell and Wombwell Urban Districts.

Districts where County Council employ whole-time school nurses on account of large size of area: Goole Borough, Castleford, Featherstone, and Mexborough Urban Districts and Hemsworth Rural District.

At Ilkley, the County Council's Nurse does health visiting for the Ilkley Authority.

At Bolton-upon-Deane, Heckmondwike, Ilkley and Wombwell, the County Council's School Clinics combine with the Maternity and Child Welfare Centres belonging to the Local Authority.

The Bolton-upon-Deane and Mexborough Urban District Councils, two of the twenty-two autonomous areas, applied to the County Council for their district to be included in the County scheme, and further consideration of the matter is postponed pending the re-arrangement of County districts.

HOME VISITS.

Visits made by Health Visitors during the year were as follows (for detailed analysis see Table folded in at page 74).

Expectant Mothers	...	...	...	...	...	...	9,988
Infants under one—first visits	...	...	...	...	...	...	15,325
Infants under one—Total	...	...	...	...	...	...	153,250
Children 1/5	...	...	...	...	...	...	69,504
Special Visits (ophthalmia neonatorum, teething, marasmus, feeding, circumcision, etc.)	...	...	...	...	...	...	4,102
Measles cases	...	...	...	...	...	...	541

MEASLES.

During 1933, the Health Visitors made 541 visits to measles cases, distributed over 33 Sanitary Districts, being a decrease of 859 visits over the previous year (see table folded in at page 74). The Districts mainly affected were Earby, Kirkheaton, Meltham, Rawmarsh Urban Districts, and Ripon and Tadcaster Rural Districts.

NURSING STAFF.

The establishment of the nursing staff employed in connection with maternity and child welfare work totalled 114 at the end of the year, comprised as under:—

- 2 Inspectors of Nurses and Midwives.
- 1 Emergency Nurse.
- 1 Health Visitor.
- 110 undertaking combined duties of Health Visitors and School Nurses.
- 63 part-time nurses employed by Nursing Associations who undertake, on behalf of the County Council, the health visiting and school nursing work. The majority of these associations serve sparsely populated rural areas.

During the year one whole-time nurse was appointed and one nurse resigned on marriage.

FOURTH REVISION COURSE FOR HEALTH VISITORS.

This Course was held at the Bingley Training College belonging to the West Riding Education Committee, from the 30th March to 6th April, 1933.

The Course was opened by the late Sir James P. Hinchliffe, who welcomed the students and gave the opening address on impending changes in administration.

The Course itself was planned to deal chiefly with growth and development of the child, but other subjects were included for their intrinsic interest and to give diversity to the Course.

Professor Harris of the University College, London, gave two delightful lectures on Growth in Health and the relation of Growth and Diet.

Dr. Parsons, Professor of Diseases of Children in Birmingham University, as a supplement to the above, gave two lectures on the Varieties of Rickets and on the closely related subjects of Unrecognised forms of Deficiency Diseases.

Slightly apart from the above, but still on the same subject of growth, was a lecture on "The Adolescent Girl" by Dr. Catherine Chisholm, Medical Inspector to the Girls' High School and Hon. Physician to the Children's Northern Hospital, Manchester. This lecture was highly appreciated.

Dr. C. G. Kay Sharp of our own staff, gave a lecture on Common Defects and Diseases of the Eye and a demonstration of an invention of his own, devised to re-educate squinting eyes which have lost their visual acuity.

No Course of Lectures at the present time can omit a reference to Maternal Mortality and Ante-natal care. A new departure which more than justified itself, was to invite a general practitioner—Dr. W. H. F. Oxley, Visiting Obstetrician East End Maternity Hospital and a Member of the Committee on Maternal Mortality—to lecture on Ante-natal Care. His lecture was an excellent criticism on municipal activities in Ante-Natal work and an outline of what an ideal scheme should be.

Mr. H. H. Evers, an Obstetrical and Gynaecological Consultant of Newcastle, who had already lectured to midwives, was asked to repeat his lecture on "Injuries to the Parturient Canal and its supports during Childbirth" for the benefit of the Health Visitors.

Now that the attempt to control infectious diseases seems to depend on the deliberate production of immunity, it was desirable to have a lecture on "Recent work in Infectious Diseases." Dr. E. H. R. Harries, Medical Superintendent of the North Eastern Hospital (London County Council) compressed an enormous amount of information into one lecture.

The extraordinary care now bestowed on child life had its representation in the Syllabus in a lecture on "Recent Legislation affecting Parents and Children" by Dr. Buchan, Medical Officer of Health for Bradford.

This country has hitherto not suffered from large epidemics of infantile paralysis such as have occurred in Sweden, Canada, Australia and the United States. Possibly anticipating that this good fortune may not continue, the Ministry of Health recently issued a memorandum on the subject. Taking this as a basis, Dr. Lawrence lectured on the Acute Stage, its symptoms and treatment, the occurrence of unrecognised cases, and the spread of disease by "carriers."

The sequel was taken up by Dr. Margaret H. Morley of Manchester, Assistant Surgeon to the Ethel Hedley Hospital for Crippled Children, Windermere, and a member of the Orthopaedic Staff of the Lancashire County Council. She lectured with great charm and success on the Restoration of Function of Paralysed Muscles, and gave a demonstration of the devices for maintaining their nutrition and preventing deformities.

It is pleasant, as an appendix to this part of the report to say that several of our visitors have written in appreciation of the arrangements made for their comfort and transport.

The full course was attended by one hundred and fifty-two Health Visitors from the West Riding, North Riding, Cheshire and Essex County Councils; Hull, Oldham, Sheffield and Wakefield County Boroughs, the Boroughs of Brighouse, Keighley, Morley and Pontefract, and the Urban Districts of Bingley and Bolton-upon-Dearne.

Students for odd lectures came from Bradford, Leeds and Wakefield County Boroughs and the Urban Districts of Rothwell and Shipley.

The cost of the Course was self-supporting, with receipts of £350 19s. 6d. and expenditure of £344 8s. 5d.

Record of Visits by the Health Visitors during the year 1933 in districts for which the County Council is the Authority under the Notification of Births Act, 1907.

Sanitary District.	Nett Births.	No of Births Notified (including Still-Births).	No. of First Visits.	No. of Re-Visits.	No of Pre-Natal Visits.	No. of Special Visits (Ophthalmia Neonatorum, etc.)	No. of Still-Births Notified.	No. of Deaths under one year.	Measles Cases Visited.	No. of Attendances at Infant Welfare Centres.			No. of visits to children nursed for reward under Children and Young Person's Act, 1932.
										Exp. Mothers.	Infants under one.	Children between 1-5 years.	
1.	2	3	4	5	6	7	8	9	10	11	12	13	14
I. URBAN.													
Adwick-le-Street	422	391	414	5160	63	397	14	38	—	190	2032	4390	—
Altols	70	60	55	523	224	—	1	6	—	—	865	592	—
Ardley, East and West	116	89	129	1900	39	11	2	6	—	17	1717	1540	—
Baildon	114	74	89	468	4	—	4	7	—	1	921	268	4
Barkisland	22	11	21	191	8	3	1	1	—	—	—	—	—
Barnoldswick	118	95	106	917	56	50	4	6	1	16	2154	100	—
Batley Boro*	447	—	—	—	—	—	—	25	—	—	—	—	—
Bentley-with-Arksey	285	262	246	3932	88	112	16	16	—	50	1270	2409	—
Bingley*	301	—	—	—	—	—	—	16	—	—	—	—	—
Birkenshaw	39	30	28	286	16	6	—	1	—	10	984	717	4
Birstal	105	77	155	873	6	17	1	5	—	60	973	1079	—
Bolton-upon-Dearne*	251	—	—	—	—	—	—	15	—	—	—	—	—
Brighouse Boro*	205	—	—	—	—	—	—	10	—	—	—	—	—
Burley-in-Wharfedale	23	21	21	727	34	1	1	2	—	—	—	—	—
Calverley	34	22	37	859	7	—	—	2	—	—	—	—	—
Castleford*	373	—	—	—	—	—	—	26	—	—	—	—	—
Clayton West	10	12	8	309	71	—	1	2	—	—	—	—	—
Conisbrough	382	353	467	2815	367	44	12	50	3	346	6113	2643	—
Cudworth	198	201	200	1585	62	21	7	17	—	357	2361	1004	10
Darfield	89	75	73	1821	28	2	1	9	—	264	1240	625	—
Darton	239	241	229	3835	46	—	10	20	—	154	2611	4890	7
Denby and Cumberworth	32	30	18	667	109	—	1	1	—	9	520	80	—
Denholme	29	26	32	803	45	13	2	3	—	—	—	—	—
Dodworth	94	86	107	935	34	45	4	9	—	84	1733	1326	—
Drighlington	64	46	68	693	28	8	2	3	—	127	1040	823	—
Earby	55	39	46	724	17	1	1	3	35	48	601	748	—
Elland	117	63	114	2082	13	3	2	7	3	41	1039	1051	—
Emley	9	12	10	306	50	1	1	1	—	—	—	—	—
Farsley	73	45	63	998	6	—	—	3	—	3	844	1294	—
Featherstone*	294	—	—	—	—	—	—	25	—	—	—	—	—
Flockton	23	24	26	571	32	—	—	—	—	—	—	—	2
Garforth	53	39	34	726	112	4	3	8	—	278	1458	1538	43
Gildersome	41	36	48	510	34	—	2	4	—	—	—	—	—
Goiccar	101	45	95	1774	45	83	1	6	—	38	816	1225	26
Goole*	356	—	—	—	—	—	—	27	—	—	—	—	—
Greasbrough	41	36	33	314	16	1	3	1	—	70	225	230	—
Greetland	38	23	33	901	23	17	—	5	3	8	592	955	2
Guiselev	100	73	92	305	4	—	1	4	—	32	1560	541	10
Gunthwaite & Ingbirchworth	4	3	—	—	—	—	—	1	—	—	—	—	—
Harrogate Boro*	452	—	—	—	—	—	—	21	—	—	—	—	—
Haworth	60	49	57	2152	10	2	2	5	—	4	313	512	1
Hebden Bridge	75	77	41	433	4	—	6	3	—	15	474	550	—
Heckmondwike*	103	—	—	—	—	—	—	12	—	—	—	—	—
Hemsworth	296	263	393	2469	284	—	12	19	—	563	3948	2721	—
Hipperholme	59	41	53	1075	27	—	1	3	3	67	1009	841	2
Holme	4	4	4	51	1	—	—	—	—	—	—	—	—
Holmfirth	122	146	107	1748	51	2	2	9	—	20	512	495	—
Honley	54	36	49	965	50	11	3	—	10	—	—	—	—
Horbury	111	140	129	991	22	3	7	12	—	19	1262	1427	—
Horsforth	154	160	146	763	57	51	3	7	—	98	1850	857	—
Hoyland Nether	273	273	292	1782	109	103	8	16	—	537	4392	5997	—
Hoylandswaine	13	12	14	173	4	—	—	—	—	—	—	—	—
Hunsworth	9	8	11	162	8	1	1	1	—	—	—	—	—
Ilkley*	103	—	—	—	—	—	—	2	—	—	—	—	—
Keighley Boro*	502	—	—	—	—	—	—	32	—	—	—	—	—
Kirkburton	37	38	39	646	1	—	2	2	—	23	634	321	3
Kirkheaton	33	22	40	551	25	—	3	1	25	—	—	—	5
Knaresborough	84	86	53	940	32	—	3	3	—	154	1963	367	17
Knottingley	141	147	99	682	8	4	5	18	—	34	1284	500	—
Lepton	35	27	28	161	33	—	—	1	—	106	365	1911	1
Linthwaite	83	44	73	1087	1	—	—	8	9	27	471	758	—
Luddenden Foot	43	27	22	756	2	—	1	2	—	—	—	—	—
Maltby	256	212	235	2516	151	27	8	24	—	112	2113	1421	5
Marsden	56	33	60	1461	18	15	1	3	—	13	1442	769	1
Meltham	56	49	52	861	59	15	—	3	28	115	914	1319	—
Methley	56	49	48	1263	13	—	2	8	—	—	816	1120	—
Mexborough*	246	—	—	—	—	—	—	12	—	—	—	—	—
Midgley	21	9	17	417	7	—	—	—	—	—	—	—	—
Mirfield	152	134	159	2857	21	16	7	10	—	188	1125	305	—
Morley Boro*	318	—	—	—	—	—	—	15	—	—	—	—	—
Mytholmroyd	43	41	45	1482	41	—	3	2	—	—	—	—	—
New Mill	44	22	56	1645	43	—	—	3	—	—	—	—	1
Normanton	261	234	289	2461	13	41	10	30	4	299	1528	2288	4
Oakworth	41	16	33	524	25	4	—	2	—	—	—	—	—
Ossett Boro*	199	—	—	—	—	—	—	9	—	—	—	—	—
Otley	150	126	155	667	122								

AWARD OF BURSARSHIPS FOR INTENDING NURSES.

To assist in the recruitment to the nursing service the Education Committee agreed to the award of Bursarships to girls in attendance at Secondary Schools who have reached the age of 16 years and wish to become nurses.

A Bursarship provides the whole or some portion of the tuition fees, games subscriptions, charges for the use of books and necessary travelling expenses if the holder lives more than two miles from the school attended, and will ordinarily be tenable at a Secondary School for two years, so as to enable the holder to continue at school until old enough to serve as a probationer nurse. A maintenance allowance may be granted if need be shown.

Full details of the scheme appeared in the annual report for 1932.

During the school year 1931-1932, the Higher Education Committee made nine awards; one girl entered upon her general hospital training at the end of the first year of award. Eight awards terminated on the 31st July, 1933, and the holders have entered upon their hospital training.

Two others were considered suitable for awards, but it was decided that they should continue with their County Continuation Scholarships, consequently they are not under agreement to become Health Visitors. They have, however, entered hospitals for training.

Nine awards were made during the school year 1932-1933 which are due to terminate in July, 1934. At the time of writing, five of the candidates have been accepted at hospitals for training. Ten awards have been offered for the school year 1934-35.

The procedure adopted on the conclusion of the award of Bursarships is as follows:—

- (1) The Education Department keeps a record of each Bursar.
- (2) The Education Officer notifies the County Medical Officer each year of the Bursars who are due to enter hospitals and includes in the list the names of applicants for Bursarships who were advised to continue with their existing awards and others who were not given awards on grounds of financial circumstances.
- (3) The County Medical Officer communicates with the Bursar and advises as to entry to hospital where necessary.
- (4) The County Medical Officer notifies the Education Officer (a) as each Bursar has been attached to a hospital for general training and (b) of any other movements.
- (5) The Education Officer informs the County Medical Officer in December or thereabouts whether or not the whole of the Bursars who terminated their awards in the previous July have been satisfactorily settled.
- (6) The County Medical Officer will keep in touch with each probationer during her training.

INSPECTORS OF NURSES AND MIDWIVES.

There are two women Inspectors of Nurses and Midwives. The following is a summary of their work during the year:—

Visits made to whole-time Health Visitors and Tuberculosis Nurses	502
„ part-time Nurses	94
„ Maternity Homes	13
„ Midwives	594
„ Child Welfare Centres	205
„ Boarded-out Children	11
„ in connection with Public Assistance Institutions	24
Special Visits (ophthalmia neonatorum, puerperal fever, uncertified practice, concealment of birth, abortifacients, pemphigus and deaths of children)	90
Attendance at meetings of local Child Welfare Committees and with Nursing Associations, and interviews with Medical Practitioners and various people relative to the Maternity and Child Welfare scheme	204
Premises inspected as to their suitability for Child Welfare Centres	36

The two Inspectors also gave addresses to mothers at Child Welfare Centres, attended celebrations in connection with Baby Week, assisted the County Superintendent of the West Riding Nursing Association in the formation of new Nursing Associations; made special investigations into cases arising under the Children and Young Persons Act, 1932, enquired into cases of pemphigus neonatorum, puerperal fever and pyrexia, etc.

Much time was also taken up by one of the Inspectors in conferring with matrons of hospitals in connection with the training of nurses, appointments of sister-tutors, etc., at County Public Assistance Institutions, and in all, 20 visits were made.

Miss Houghton, the Superintendent of the West Riding Nursing Association and the two Inspectresses work in complete harmony, and this tends to the smooth running of the various affiliated Nursing Associations in the Riding.

Supply of Milk to Expectant and Nursing Mothers and Children under Five Years of Age.

The County Council's scheme for the distribution of milk is as follows:—Dried milk only is supplied because of its convenience in handling, its concentration and the greater ease of recovering payments. It is supplied free or at less than cost price for:—

- (a) Children up to three years of age and exceptionally to children between three and five years.
- (b) Nursing mothers, and
- (c) Expectant mothers during the last three months of pregnancy.

Ordinarily a 1-lb. carton per week (equivalent to five and a half pints of fresh milk) is supplied, but where considered necessary, three cartons may be supplied per fortnight. It is supplied free or at a reduced price in necessitous cases:—

- (a) In districts having a Child Welfare Centre where the Medical Officer of the Centre is of opinion that a supply is essential "on grounds of health."
- (b) In districts where there is no Centre when the local Medical Officer of Health is of opinion that a supply is essential "on grounds of health."

A special Sub-Committee deals with all applications for a supply of dried milk free or at less than cost price, to review circumstances of all people making application, and all authorisations for such supplies.

The Committee determine the degree of "necessity" in each case and have adopted a fixed scale of income below which dried milk could be distributed free or at less than cost price.

The following scale of family income has been adopted by the Committee as a guide to the supply of dried milk free, or at less than cost price, viz:—

Where the net weekly income of the family, after deducting 5/- for each child under 14 years of age, does not exceed 30/-, the County Council provide dried milk free.

Where the net weekly income of the family, calculated as above, is over 30/-, but does not exceed 40/-, the County Council provide dried milk at half the usual price.

Where the net weekly income of the family, calculated as above, exceeds 40/-, the applicant must pay the usual price for dried milk.

In ascertaining the weekly income of the family, the average earnings for the four weeks prior to the application is taken.

All applicants in necessitous cases are required to fill in a form showing the income of the family from all sources, number of children under 14 years of age, name and address of employer and the signature of the father is required to the statement.

The certificate of the Medical Officer that milk is needed on "grounds of health" is valid for four weeks and may be renewed where the applicant's family circumstances have not improved. Each applicant signs a receipt in the space provided on the form. Stock books, vouchers, etc., are kept and stock is taken quarterly.

The following statement prepared by the West Riding Treasurer gives particulars regarding the sales and issues of dried milk at less than cost price at the various distribution centres in the County during the financial year ended 31st March, 1934, together with a comparison of the issues during the previous year.

CARTONS OF MILK.									1933-34	1932-33
Stock on hand at beginning of year	...	...	...	...	...	...	...	...	19,975	19,381
Received during the year	...	...	...	...	...	...	...	...	236,087	228,614
									<u>256,062</u>	<u>247,995</u>
ISSUES during year	...	...	...	...	...	...	...	...	236,961	228,020
Stock on hand at end of year	...	...	...	...	...	...	...	...	<u>19,101</u>	<u>19,975</u>
COST OF THE SERVICE.									1933-34	1932-33
							£	£	£	£
ISSUES during year	...	...	...	...	...	...	13,823		13,773	
Services of—										
County Supplies Department	...	...	...	...	...	...	572		478	
Divisional Clerks, Nurses, etc.	...	...	...	...	...	...	300		460	
Carriage, postage, etc.	...	...	...	...	...	...	22	14,717	24	14,735
Cash received in respect of issues :—										
							1933-34		1932-33	
s.d.										
Cartons at 1/5	...	...	101,485	101,628			7,188		7,199	
do. 8½	...	...	2,093	1,956			74		69	
do. free	...	...	133,383	124,436			—		—	
		—/	<u>236,961</u>	<u>228,020</u>			<u>7,262</u>			7,268
							Net cost of the service	£7,455		£7,467

Investigation into the Issues of Dried Milk supplied at less than cost price.

During the year, the Milk Sub-Committee selected 103 Child Welfare Centres where investigations were to be carried out into the method of supply and distribution of dried milk and verify the family circumstances of applicants.

The amount of work entailed is great, but the results given below have fully justified the Committee's action.

Total No. of Centres visited.	No. of forms examined.	No. unemployed in receipt of free milk.	Other cases separated, Illegitimate, Public Assistance, etc.	No. of forms selected for verification.	No. of forms found incorrect.
103	4,135	2,453	673	1,009	198

It will be seen from the above table that of the 4,135 forms examined, 3,126 or 75·6% were cases where the applicant was either unemployed, in receipt of public assistance, off work through illness, widow, etc., and to limit as much as possible the work of verification these were accepted on their face value, having regard to the fact that the nurses were well aware of each applicant's circumstances.

Of the 1,009 cases where the applicant was working wholly or partially, and which were selected by the staff visiting the Centres for verification of the family circumstances, 198 or 19·6% were found to be incorrect, and in these cases all further issues at less than cost price ceased forthwith.

Verification of Family Circumstances.

A scheme for the verification of family circumstances in connection with all forms of relief granted by the County Council is to be put into operation in the Lower Agbrigg Guardians Committee area for an experimental period of twelve months and will cover the year 1934.

The following fourteen Child Welfare Centres are established within the selected area and in every case, whether the applicant is working or otherwise, the family circumstances are verified before milk is issued at less than cost price:—

Altofts, Ardsley East, Ardsley West, Crigglestone, Crofton, Lepton (Flockton cases only), Horbury, Kirkhamgate, Normanton, Oulton, Outwood, Sharlston, Stanley, Wrenthorpe.

Distress Fund.

In 1924, the County Council passed the following resolution:—

“That one year's interest on the capital sum representing the balance of the West Riding “Distress Fund be applied by the County Council, through their Public Health and Housing Committee, towards the alleviation of cases of distress disclosed in connection with the work of the “Child Welfare and Tuberculosis Sub-Committee.”

In 1933, a sum of £68 11s. 8d. was granted out of this fund as follows:—

Payments of fares for the attendance of children under five years of age at General Hospitals and Dispensaries in the Riding, £43 17s. 11d.; provision of surgical appliances, £15 15s. 5d.; provision of clothing for children on admission to Convalescent Homes, massage treatment, etc., £8 18s. 4d.

The amount disbursed was an increase of £25 13s. 1d. over the previous year.

Children and Young Persons Act, 1932 (Part V).

Visits are made monthly and in cases where the Infant Protection Visitor is not satisfied with the condition of a child or the home, and where any irregularity occurs, the circumstances are reported immediately and investigations made by the Assistant County Medical Officer or one of the Inspectresses.

The following Return relates to the administration Part I of the Children Act, 1908, as amended by Part V of the Children and Young Persons Act, 1932, during the year 1933.

1. Notification:—

(i)	Number of foster parents on the Register at the end of the year	...	176
(ii)	Number of children on the Register		
	(a) at the end of the year	...	244
	(b) who died during the year	...	—
	(c) on whom inquests were held during the year	...	—

2. *Visiting*:—

- (i) Number of Visitors holding appointments under Section 2 (2) at the end of the year:—

(a) Health Visitors	...	...	...	...	...	...	...	112
(b) Female, other than Health Visitors	...	...	...	...	...	...	...	2
(c) Male	...	...	...	...	...	...	...	2

- (ii) Number of persons or societies authorised to visit under the proviso to Section 2 (2). none

3. No proceedings were taken during the year under the various Sections of the Act.

4. No sanctions were given under Section 3 (a) (b) and (c) during the year.

5. No orders were obtained during the year under Section 5 (1) from a Justice or from the Local Authority.

During the year 1933, the Infant Protection Visitors made 591 visits to children notified as being nursed for reward.

In November, 1932, the Ministry of Health issued Circular 1291 and Memoranda 165/M.C.W. and 165a/M.C.W. amending the law relating to Infant Life Protection and summary of the law relating thereto for the guidance of Infant Protection Visitors under the Children and Young Persons Act, 1932.

The law relating to Infant Life Protection, which, since the passing of the Local Government Act, 1929, has been administered by Maternity and Child Welfare Authorities, is now contained in Part I of the Children Act, 1908, as amended by Part V of the Children and Young Persons Act, 1932 and the Second and Fourth Schedules to that Act.

The new Act came into operation on the 1st January, 1933 and the main alterations from the provisions of the Children Act, 1908 (Part I) are:—

1. For an extension of age of notifiable children from seven to nine years.
2. The period of notification, instead of being given 48 hours after reception is now as follows:—
 - (a) in the case of the first child proposed to be received, not less than seven days *before* its reception.
 - (b) any other child, not less than 48 hours *before* reception.
 - (c) a child already received without reward within 48 hours after the undertaking to receive for reward.
 - (d) change of residence, instead of 48 hours now at least seven days prior to the change.

Birth Control.

In March and July, 1931, the Minister of Health issued Memoranda on the question of Birth Control and after consideration the County Council have decided to take action in this matter on the lines indicated by the Ministry's memoranda. In the memoranda it is pointed out that Local Authorities have no power to establish rate-aided birth control clinics and that their activities are restricted to the giving of advice through their medical officers at Child Welfare and Ante-Natal Clinics, and to the provision of appliances in those cases where it is considered undesirable on the grounds of health that certain *married women* should give birth to children. Having regard to the acute division of public opinion on the subject of birth control, the Ministry have decided that no Departmental sanction which may be necessary to the establishment of such Clinics for expectant and nursing mothers shall be given except on condition that contraceptive advice will be limited strictly to *cases where further pregnancy would be detrimental to health*.

It is therefore proposed to provide advice and appliances in conjunction with existing Ante-natal Centres. Approximately six Centres will be fixed in the County to which women in need of instruction will be referred from one or other of the 114 Clinics within the Riding.

In extending the use of certain Clinics for the purpose of birth control according to the direction of the Ministry of Health (*viz.*, that advice should be given only on the grounds of danger to health of the mother) there will always be difference in opinion of medical officers as to the type of patient who should receive the necessary advice. In some cases the doctor may take the view that only those women suffering from severe heart disease, tuberculosis or other specific condition should come within the scope of the Ministry's memorandum. In other cases a doctor might quite reasonably come to the conclusion that the average anaemic woman or one who was temporarily "run down" should have equal access to contraceptive knowledge. The number of patients to receive advice will, in fact, depend upon the standards of ill-health adopted by the medical officers as justifying preventive measures.

For instance, a large number of the admissions to Maternity Homes are due to abortion instead of normal confinement. It is not possible to say the extent to which these abortions have been deliberately induced, but it appears desirable to consider whether in these women the giving of advice on artificial contraception would not have been preferable both from the point of view of the health of the patient and the finances of the County Council.

In October, 1933, all Medical Officers of Child Welfare and Ante-natal Clinics were circulated to the effect that the County Council were extending the use of certain Clinics for the purpose of birth control for women who are in need of medical advice and treatment for gynaecological conditions, and in order that the necessary provision could be made, an approximate estimate of the number of patients requiring advice was asked for.

The number sent in totalled over 600, but so far not more than twenty names have been submitted from 114 Centres established in the Riding.

Probably this small number is due to the limitation of birth control advice to those women suffering from gynaecological conditions and in whose cases pregnancy would be detrimental to health.

The Minister of Health in Circular 1408 issued on the 31st May, 1934, on this subject, draws attention to the Report of the Departmental Committee on Maternal Mortality in which special attention was called to the importance of the avoidance of pregnancy by women suffering from organic disease such as tuberculosis, heart disease, diabetes, chronic nephritis, etc., in which childbearing is likely seriously to endanger life and it was considered that advice and instructions in contraceptive methods should be readily available for such women.

The Minister of Health now states that in addition to the giving of birth control advice for married women suffering from gynaecological conditions it would be proper also for married women who are suffering from other forms of sickness, physical or mental such as is mentioned in the Report of the Departmental Committee, which are detrimental to them as mothers, should be afforded contraceptive advice at the Clinic if it is found medically that pregnancy would be detrimental to health.

So far, three central Clinics have been provided or arranged, *i.e.*, Leeds Maternity Hospital (Out-Patients Department), Edenfield Maternity Home, Doncaster, and the County Council's Ante-natal Clinic at Rock House, Swinton.

Widows', Orphans' and Old Age Contributory Pensions Act, 1925.

The County Council is the Local Authority under the above Act for certain administrative purposes.

The duties to be performed by the Local Authority necessitate enquiry as to the conduct of widows in relation to the desertion, abandonment or non-support of children.

The County Council decided that, having regard to the nature of the enquiries, it was thought desirable that they should be undertaken by women, and accordingly any investigations are carried out by the two women inspectors. In every case the report of the Health Visitor in the area is also considered. No investigations were made during 1933.

PART IV.

TUBERCULOSIS SCHEME.

DR. G. S. JOHNSTON.—Chief Clinical Tuberculosis Officer.

Mortality from Tuberculosis of the Respiratory System. (Pulmonary Tuberculosis).

Year	West Riding Administrative County						England & Wales Death-rate	
	Total No. of Deaths			Death-rate per 1,000 of population				
	County	Urban	Rural	County	Urban	Rural		
1923	1070	845	225	0·71	0·75	0·59	0·84	
1924	1066	824	242	0·70	0·73	0·62	0·84	
1925	1081	826	255	0·70	0·72	0·65	0·83	
1926	966	736	230	0·62	0·65	0·56	0·77	
1927	981	739	242	0·65	0·68	0·57	0·79	
1928	926	706	220	0·61	0·64	0·51	0·76	
1929	1011	747	264	0·66	0·68	0·62	0·79	
1930	876	673	203	0·57	0·62	0·46	0·74	
1931	882	632	250	0·57	0·58	0·56	0·74	
1932	806	617	189	0·52	0·57	0·42	0·69	
Average for 10 years, 1923-32	}	967	735	232	0·63	0·66	0·55	0·78
1933		745	545	200	0·49	0·50	0·45	0·69

Mortality from Other Forms of Tuberculosis.

Year	West Riding Administrative County						England & Wales Death- rate	
	Total No. of Deaths			Death-rate per 1,000 of population				
	County	Urban	Rural	County	Urban	Rural		
1923	425	320	105	0·28	0·29	0·27	0·23	
1924	380	279	101	0·25	0·25	0·26	0·22	
1925	396	307	89	0·26	0·27	0·23	0·21	
1926	348	258	99	0·22	0·23	0·22	0·19	
1927	323	246	77	0·21	0·23	0·18	0·18	
1928	342	246	96	0·22	0·22	0·22	0·17	
1929	321	223	98	0·21	0·20	0·23	0·17	
1930	309	213	96	0·20	0·20	0·22	0·16	
1931	253	164	89	0·16	0·15	0·20	0·15	
1932	264	182	82	0·17	0·17	0·18	0·15	
Average for 10 years, 1923-32	}	336	244	92	0·22	0·22	0·22	0·18
1933		218	157	61	0·14	0·14	0·14	0·13

Tuberculosis Deaths, 1933.

		Sex.	Age Groups.											Ages
			Under 1 year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and under 75	75 and up-wards	
RESPIRATORY TUBERCULOSIS														
Urban Districts	...	M.	—	1	3	4	51	65	60	65	46	10	—	305
		F.	—	—	2	9	72	64	40	22	20	10	1	240
Rural Districts	...	M.	—	1	2	1	16	25	17	25	14	3	1	105
		F.	—	—	3	3	27	23	19	12	7	1	—	95
County	...		—	2	10	17	166	177	136	124	87	24	2	745
OTHER TUBERCULOUS DISEASES—														
Urban Districts	...	M.	8	9	14	10	12	11	7	6	5	5	—	87
		F.	2	8	8	14	12	12	4	4	1	5	—	70
Rural Districts	...	M.	2	4	7	6	3	3	1	2	1	2	1	32
		F.	1	1	4	6	4	8	1	—	2	2	—	29
County	...		13	22	33	36	31	34	13	12	9	14	1	218

CHART SHEWING MORTALITY FROM TUBERCULOSIS DURING THE YEARS 1921-1933
in West Riding Administrative County & England & Wales.



Tuberculosis Mortality, 1933. Comparison of Dispensary Areas.

Dispensary Area and Centre.	Estimated Population (mid. 1933)	DEATHS.				DEATH RATES PER 1000 ESTIMATED POPULATION		Percentage of deaths from Non-pulmonary Tuberculosis in children under 10 to total deaths from Non-pulmonary Tuberculosis (all ages)*
		Pulmonary		Non-Pulmonary		Pulmonary	Non-Pulmonary	
		M.	F.	M.	F.			
No. 1. (Skipton) ..	141,817	44	20	13	12	0.45	0.18	20.0
No. 2. (Harrogate) ..	158,432	36	33	12	6	0.44	0.11	16.7
No. 3. (Doncaster) ..	397,797	122	98	43	31	0.55	0.19	29.7
No. 4. (Barnsley) ..	476,060	125	97	28	31	0.47	0.12	20.3
No. 5. (Sowerby Bridge) ...	361,994	83	87	23	19	0.47	0.12	16.7
County Totals ...	1,536,100	410	335	119	99	0.49	0.14	21.6

* Compiled from returns of deaths from tuberculosis (all forms) obtained from Local Registrars of Births and Deaths.

Notification of Tuberculosis.

Notifications received during the period 1922—1933 under the Public Health (Tuberculosis) Regulations.

Year.	Pulmonary Cases.		Non-Pulmonary Cases.		Total
	M.	F.	M.	F.	
Average 5 years, 1922-1926	1321	1120	377	354	3172
1927	1322	1102	458	393	3275
1928	1255	1085	469	365	3174
1929	1253	879	390	340	2862
1930	940	681	429	379	2429
1931	939	681	399	325	2344
1932	693	591	286	264	1834
1933	770	606	276	247	1899

Public Health (Tuberculosis) Regulations 1930.

Summary of Notifications during the period from the 1st January, 1933, to the 31st December, 1933, in the area of the County of Yorkshire, West Riding.

Age periods.					Formal Notifications												Total Notifications
					Number of Primary Notifications of new cases of Tuberculosis												
					0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	Total (all ages)	
Fulmonary	Males	...	...	...	—	10	51	38	81	106	159	127	126	59	13	770	797
„	Females	...	...	...	—	9	28	43	89	113	162	91	41	21	9	606	630
Non-pulm.	Males	...	...	...	9	51	75	41	30	12	27	15	9	3	4	276	282
„	Females	...	...	...	—	32	44	57	20	31	30	19	9	3	2	247	252

PART II.—SUPPLEMENTAL RETURN.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification.

Age period.					0--	1 --	5 --	10--	15--	20--	25--	35--	45--	55--	65 -	Total
Pulmonary	Males	...	...	...	2	4	4	4	4	15	31	18	24	18	4	128
„	Females	...	...	...	—	4	3	3	11	17	23	20	10	6	6	103
Non-pulm.	Males	...	...	...	5	16	9	4	5	6	4	5	1	3	4	62
„	Females	...	...	...	2	14	7	8	4	5	8	2	4	2	2	58

The source or sources from which information as to the above-mentioned cases was obtained are given below:—

Source of Information.		No. of Cases	
		Pulm.	Non-Pulm.
Death Returns	{ from local Registrars	..	..
	{ transferable deaths from Registrar General	..	..
Posthumous notifications	..	115	49
“Transfers” from other areas (other than transferable deaths)	..	33	47
Other sources	..	11	10
	..	72	14
	..	—	—

PART III.—NOTIFICATION REGISTER.

	Pulmonary			Non-pulmonary			Total cases
	m.	f.	Total	m.	f.	Total	
Number of cases of Tuberculosis remaining at the 31st December, 1933 on the Registers of Notifications kept by District Medical Officers of Health in the County.	5769	4268	10037	2488	2062	4550	14587
Number of cases <i>removed</i> from the Registers during the year by reason inter alia of:—							
1. Withdrawal of Notification	77	57	134	27	21	48	182
2. Recovery from the disease	202	151	353	121	128	249	602
3. Death	358	290	648	74	52	126	774

With reference to Part II—Supplemental Returns—it will be noted that the information regarding 231 cases of Pulmonary Tuberculosis and 120 cases of Non-pulmonary Tuberculosis was obtained otherwise than by formal notification.

Notified Cases in the West Riding in December, 1932 and 1933.

	Pulmonary.		Non-Pulmonary.		Totals.
	Males.	Females.	Males.	Females.	
No. of cases on registers of local Medical Officers of Health at end of 1932	6,275	4,765	2,758	2,397	16,195
New Cases notified in 1933	898	709	338	305	2,250
Cases removed from registers during 1933	1,404	1,206	608	640	3,858
No. of cases on registers of local Medical Officers of Health at end of 1933	5,769	4,268	2,488	2,062	14,587

During the year many conferences took place between local Medical Officers of Health and Tuberculosis Officers to compare the notification registers. Names were added or removed by mutual consent, and the registers were brought up-to-date in many cases—see part III above.

The total number of primary notifications for 1933 was 1,899 as compared with 1,834 for the previous year. The number of notifications of new cases of tuberculosis coming to the knowledge of the Medical Officer of Health during 1933 otherwise than by formal notification, i.e., Part II, Table VI, shows an increase on the previous year. On the other hand, improved methods, etc. have resulted in an increase in the number of cancellations of notification and an increase in the number of recovered cases. Relationship with the general practitioner is good throughout the administrative area. The large number of cases referred for consultation who are eventually discharged as non-tuberculous testifies to this.

There is still a certain amount of confusion about notification of non-pulmonary tuberculosis. These cases are sent to the local hospitals for diagnosis and treatment. Acting under the assumption that the other party has notified, both the practitioner and the Hospital Authority fail to notify. After years of treatment in the Out-Patient Department such patients are referred to the Dispensary for institutional treatment. Naturally, non-pulmonary tuberculosis is no exception to the principle that early treatment in a special hospital gives the best results.

DISPENSARY SCHEME.

The deaths from tuberculosis (all forms) in the County during 1933 totalled 963: respiratory tuberculosis accounted for 745 deaths, representing a death rate of 0.49 per 1,000, and non-pulmonary tuberculosis 218 deaths with a rate of 0.14 per 1000. These are the lowest rates on record for the administrative area. It should be noted that the age-group 15 and under 25 years for females still maintains a high death-rate from pulmonary tuberculosis (vide Table on page 81).

A better education of the public in matters relating to health and to tuberculosis in particular, and to improvements in the control and treatment of tuberculosis with the introduction of X-rays, has resulted in a marked improvement in the dispensary figures for the year under review. Viewing the work of the past ten years, the following figures are of interest:—

	1923	1933
Total deaths from Tuberculosis (all forms)	1,070	963
Attendance at Dispensaries (old and new cases)	60,540	33,646
New cases examined:—		
(a) Contacts. Tuberculous	876	128
Doubtful and non-tuberculous	596	897
(b) Other Cases. Tuberculous.	2,594	1,395
Doubtful and non-tuberculous	548	2,074

Formerly the dispensary resembled the medical out-patient department of a general hospital, where malt and oil or extra nourishment could be supplied without much difficulty. In consequence the numbers attending were enormous, and the Tuberculosis Officers had little time to do more than make the most cursory examination. Since the introduction of X-rays the numbers attending the dispensaries have been considerably reduced, and a glance at the table above will show that although there were more new cases examined in 1933 (other than contacts), i.e., 3,469 as compared with 3,142 in 1923, fewer were accepted as tuberculous. Similarly with contacts: in 1933 only 128 contacts were accepted as tuberculous as compared with 876 in 1923. In 1933, 897 contacts were turned down as doubtful or non-tuberculous, as compared with a figure of 596 ten years previously.

During the year the West Riding Dispensary Scheme continued to fulfil its functions, as:—

- (a) Centre for diagnosis, treatment, and observation,
- (b) Centre for examination of contacts,
- (c) Centre for after care,
- (d) Information bureau and educational centre.

Since the introduction of X-Ray the developments that have taken place are mainly connected with diagnosis and treatment. Before the advent of X-Ray there was a tendency to diagnose tuberculosis too readily, especially in children. The result has been a considerable saving to the Local Authority, as thereby, prolonged periods of institutional treatment have been avoided. The Mantoux test is carried out in most of the Dispensaries in selected cases.

The increasing use of Artificial Pneumothorax in the treatment of pulmonary tuberculosis in residential institutions has led to the need for a continuation of this treatment at the Dispensaries. During the year 103 patients received A.P. treatment at the various Dispensaries throughout the Riding.

In connection with specialised treatment for pulmonary tuberculosis, the Surgeon Specialist (Mr. Moir) performed 5 chest operations at the Leeds General Infirmary and Leeds Public Dispensary. Of these patients, two were able to return to work, and in three a rest of the affected lung was secured.

Modern developments in Dispensary practice have increased the importance of the clinical side of the Tuberculosis Officer's duties by placing at his disposal more exact methods of diagnosis and treatment. The importance of Tuberculosis Officers having a specialised knowledge of chest diseases in general is becoming increasingly evident. A large number of cardiac conditions, diagnosed and undiagnosed, find their way to the Dispensaries. It is essential that the Medical Officers in charge should not only have expert and up-to-date knowledge of tuberculosis, but be able to advise as to diagnosis and treatment of these and allied conditions. A course of Post-Graduate study is essential from time to time.

Other specialised forms of treatment carried out at the Dispensaries included Gold, tuberculin and vaccines. Fifteen cases were treated with Gold, and all but two with excellent results; 135 cases received tuberculin, 115 non-pulmonary and 20 pulmonary: in most instances the rationale being to stimulate the patients' resistance and to prevent disease in the opposite lung. With regard to Gold treatment, of the cases selected there was little scope for evaluating the treatment in any curative sense, owing to the success of collapse therapy. It was satisfactory to note however, that in many instances no extension of the disease occurred and these patients very often did better eventually than those treated by collapse therapy alone.

During the year 536 positive and infectious cases of pulmonary tuberculosis returned home from hospital or sanatorium, many of them to houses where there were children or young adults living. On the 31st December 1933 there were 1,327 T.B. Positive cases on the Dispensary Registers.

There is abundant evidence to prove the danger of such cases living in contact with children. There are many instances of trails of tuberculosis having been left behind.

In this connection, an enquiry into the environmental condition of patients shows that gross overcrowding occurs in some of the industrial districts in the Riding. During the year there were in the administrative area 366 infectious tuberculous adults sleeping two in a bed, and 20 under worse conditions.

There is a type of case, frequently observed at the Dispensary, especially in young adults, where the onset of the disease is sudden, progress rapid and often fatal. The usual history is that the patient was well and working until within a few weeks of attending the Dispensary; and there was no warning and no previous illness. One difficulty in dealing with these fulminant cases under existing conditions appears to arise from the cessation of continued supervision of contacts especially when the source of infection in the home has long since ceased to exist. The infecting agent, perhaps a parent, brother or sister, has probably died some months or years before. The contact has reached adult age and is in all likelihood earning his own living. He feels well and resents any suggestion of medical examination. It is during this period that X-Ray examinations are of the utmost value, and if these are made at stated intervals, incipient phthisis could be

detected more often than it is, and the course of the disease cut short. As previously stated in an Annual Report (page 136—1931) the policy pursued in the West Riding is that of prevention. Every opportunity is taken to educate the public on the dangers of infection and the danger of delay in seeking advice. One matter calls for comment in this Report, and concerns medical supervision of employees in large business establishments. There are many businesses large and small in the Administrative Area where the employees, when off sick from time to time, fail to call in medical aid, and consequently very little is known of the illness upon their return to work. They constitute a real problem to the private practitioner for, as long as the disease is in an early stage, it is frequently extremely difficult to diagnose by physical examination. It will be seen that if all cases presenting unsatisfactory statements in regard to sickness were referred to the Tuberculosis Officer for X-Ray examination either by the panel or private practitioner, or by the management of a business concern, the number of cases of incipient phthisis would be more frequently detected. Commenting upon these cases the Consultant Tuberculosis Officer, Doncaster Area (**Dr. Ryan**) states:—

“Under present conditions, the strict letter of the official injunction to examine contacts can be carried out, and by so doing, a certain amount of good achieved, as when, for instance, the patient is a child, and contact examination reveals the source of infection in parent or adult in the home. Such a discovery is of prime importance, and the existing scheme arranges for the removal and treatment of the infecting agent, and so minimises further infection. On the other hand, the position is far different when the adult is the patient, and it is the children who are examined as contacts. One examination may reveal nothing, and the children may be discharged as non-tuberculous. Such children provide the future patients. The ideal preventative measure is naturally to remove them from the source of infection, but pending arrangements towards this end being brought into operation, nothing short of systematic supervision over the dangerous adolescent age period, with frequent interval X-Ray examinations, can ensure that the disease of the future patient can be anticipated and treated before open Tuberculosis of the lungs develops. With modern methods of diagnosis, especially with X-Ray examination, pulmonary tuberculosis can be recognised at a stage when ordinary Sanatorium treatment, without any of the special therapeutic measures, can be relied upon to effect ‘arrest’ in a good number of cases. Assuming that the fall in the Tuberculosis Death Rate brings a time when the number of cases sent by Practitioners becomes small enough, or alternatively the Staff becomes large enough to make it possible to examine ‘Contacts’ properly and systematically, there would still be ample work for the Staff in tackling this one problem alone, of the anticipation, and if possible, the prevention of disease in the contact.”

Later in his report, **Dr. Ryan** goes on to say “It was noticed during the year that the three-monthly examination plan enabled me to recognise the imminence of a relapse before the patient complained. In fact it was the X-Ray that yielded the first evidence of deterioration. Comparing the serial radiograms, signs of extension or softening were apparent before any change was noticed clinically. In this way early diagnosis of relapse was possible, and the patient sent back to Sanatorium before his general health became affected.”

Commenting upon home infection, **Dr. Crowther**, Consultant Tuberculosis Officer for No. 4 area goes on to say “Let us broadcast principles of tackling the disease, not in one rather feeble spasmodic effort one week in the year, but by constant reiteration; by wireless talks, posters, circulars, lectures, cinemas and churches, as well as the dispensary: induce the demand for pasteurised milk; sleeping with open windows; care of sputum, etc., etc.”

Dispensary attendances of old and new cases (including contacts) during the years 1929-1933 (inclusive) :—

New cases examined :—

	1929	1930	1931	1932	1933
(a) Contacts ...	1,599	1,313	1,176	1,334	1,025
(b) Others ...	3,970	3,781	3,605	3,342	3,469
Attendances (all cases)	34,358	33,342	37,019	34,266	33,646

Of the applications for treatment during the year:—

1,445	were recommended	Sanatorium Treatment
180	„	„ Hospital „
82	„	„ Dispensary „
1,307	„	„ Dispensary Supervision
414	„	referred to their own Doctor.

The total number of definite cases of tuberculosis on the dispensary registers on the 31st December, 1933, was 10,625.

Table shewing the work of the Dispensaries during 1933.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL	
	Adults.		Children.		Adults.		Children.		Adults.		Children.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A.—NEW CASES examined during the year (excluding contacts:—														
(a) Definitely tuberculous	524	412	49	52	73	77	117	91	597	489	166	143	1395	
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	65	56	49	64	234	
(c) Non-tuberculous	—	—	—	—	—	—	—	—	614	469	398	359	1840	
B.—CONTACTS examined during the year:—														
(a) Definitely tuberculous	30	31	20	11	7	2	13	14	37	33	33	25	128	
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	26	36	42	31	135	
(c) Non-tuberculous	—	—	—	—	—	—	—	—	117	163	208	274	762	
C.—CASES written off the Dispensary Register as:—														
(a) Recovered	133	109	130	112	23	27	143	130	156	136	273	242	807	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	—	—	—	—	—	—	—	—	751	742	855	882	3230	
D.—NUMBER OF CASES ON Dispensary Register on December 31st:—														
(a) Definitely tuberculous	3640	2211	917	774	382	378	1317	1006	4022	2589	2234	1780	10625	
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	91	92	91	95	369	
1. Number of cases on Dispensary Register on January 1st				11671	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years				112					
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"				611	4. Cases written off during the year as Dead (all causes)				635					
5. Number of attendances at the Dispensary (including Contacts)				33646	6. Number of Insured Persons under Domiciliary Treatment on the 31st December				1262					
7. Number of consultations with medical practitioners:—					8. Number of visits by Tuberculosis Officers to homes (including personal consultations)				2989					
(a) Personal				300										
(b) Other				1083										
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes				34869	10. Number of:—									
					(a) Specimens of sputum, etc., examined				3680					
					(b) X-ray examinations made in connection with Dispensary work				3933					
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above				10	12. Number of "T.B. plus" cases on Dispensary Register on December 31st				1327					

Dispensary or Branch		Patients on Dispensary Register 1/1/33		Cases Transferred or lost sight of in 1933		Cases written off as recovered in 1933		Diagnosis of Tuberculosis not confirmed in 1933		Deaths reported in 1933		Patients on Dispensary Register 31/12/33							
		Diagnosis completed						Diagnosis not completed		Diagnosis completed		Diagnosis not completed		Diagnosis completed		Diagnosis not completed			
		Pulm.	Non-P.					Pulm.	Non-P.	Pulm.	Non-P.	Pulm.	Non-P.	Pulm.	Non-P.	Pulm.	Non-P.	Pulm.	Non-P.
Area No. 1.																			
Skipton	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Barnoldswick	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Clitheroe	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Odley	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Settle	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Area No. 2.																			
Harrogate	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Garforth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ripon	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Selby	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tadcaster	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Area No. 3.																			
Doncaster	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Goldthorpe	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Goole	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hemsworth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mexbro'	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pontefract	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
South Kirkby	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Thorne	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Area No. 4.																			
Barnsley	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Batley	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dinnington	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Liversedge	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Morley	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Normanton	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Penistone	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pudsey	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rotherham	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rothwell	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Stocksbridge	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Wadsley Bridge	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Wakefield	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Area No. 5.																			
Sowerby Bridge.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Brighouse	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Huddersfield	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Keighley	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Shipley	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Todmorden	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Uppermill	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		7933	3358	331	49	454	157	484	313	56	11	588	47	7542	3083	321		48	

LIST OF TUBERCULOSIS DISPENSARIES, SHEWING DISPENSARY ADDRESSES AND TIMES OF SESSIONS (Revised June, 1934).

County Medical Officer : T. N. V. POTTS, M.D.

Chief Tuberculosis Officer: G. S. JOHNSTON, M.D.

Situation of Chief Dispensary or Branch.	Day and Time of Session	Sanitary Districts included in Area.	Medical Staff.
AREA No. 1. 54, Keighley Road, Skipton.	Fridays, 10 a.m.	Skipton U., Silsden U., Skipton R.	Consultant Tuberculosis Officer : T. Campbell, M.D., C.M. Assistant Tuberculosis Officer : E. A. Wilson, M.D., M.R.C.S., L.R.C.P.
Whiteley Croft, Otley.	Thursdays, 10 a.m. and 2 p.m.	Otley U., Ilkley U., Burley U., Guiseley U., Yeadon U., Rawdon U., Horsforth U., Wharfedale R.	
2 Manchester Road, Barnoldswick	Tuesdays, 10 a.m. and 2 p.m.	Barnoldswick U., Earby U., Bowland R. (part).	
32a, King Street, Clitheroe.	Last Wednesday in month, 11-30 a.m.	Bowland R. (part).	
St. John Ambulance Rooms, Settle.	First Wednesday in month, 11 a.m.	Settle R., Sedbergh R.	
AREA No. 2. 10, North Park Road, Harrogate	Tuesdays & Thursdays 2 p.m. ;	Harrogate B., Knaresborough U., Knaresborough R., Pateley Bridge R., Wetherby R., Great Ouseburn R.,	Assistant Tuberculosis Officer : G. A. Crowley, B.A., M.D., B.Ch., D.P.H.
44, Ousegate, Selby.	Mondays, 10 a.m.	Selby U., Selby R.	
Child Welfare Centre, Westgate, Tadcaster.	First Friday in month, at 10-30 a.m.	Tadcaster R. (part), Bishopthorpe R.	
4, College Road, Ripon.	First and Third Thursday in month, 10 a.m.	Ripon C., Ripon R.	
14, Hilderthorpe Terrace, Garforth.	Second and fourth Friday in month, 10-30 a.m.	Garforth U., Tadcaster R. (part)	
AREA No. 3. Merton House, 20, Christchurch Road, Doncaster.	Mondays, 2 and 7 p.m.	Adwick-le-Street U., Bentley U., Tickhill U., Doncaster R. (less Denaby and Adwick)	Consultant Tuberculosis Officer : V. Ryan, M.D., M.B., B.Ch., B.A.O., D.P.H. Assistant Tuberculosis Officers : A. Leitch, M.B., Ch.B., D.P.H. T. W. Rutledge, M.B., Ch.B., D.P.H.
37, Hook Road, Goole	Mondays, 10-30 a.m.	Goole U., Goole R.	
Thorne Hall, Thorne	Fridays, 10 a.m.	Thorne R.	
The Lindens, Linden Terrace, Tanshelf, Pontefract.	Tuesdays, 2 & 6-30 p.m.	Pontefract B., Methley U., Featherstone U., Whitwood U., Castleford U., Knottingley U., Pontefract R.	
Exchange Buildings, Market Street, Mexborough	Wednesdays, 10 a.m.	Mexborough U., Conisborough U., Swinton U., Wath U., Denaby and Adwick Parishes.	
8, Goldthorpe Road, Goldthorpe	Thursdays, 10 a.m.	Bolton-on-Dearne U., Thurnseoe U.	Consultant Tuberculosis Officer : H. A. Crowther, M.A., M.R.C.S., L.R.C.P. Assistant Tuberculosis Officers : E. J. C. Groves, M.B., Ch.B. J. Wood-Wilson, M.D., D.P.H. S. P. Wilson, M.D., D.P.H.
Plimsoll Street, Hemsworth	Thursdays, 10 a.m.	Hemsworth U. Hemsworth R. (part)	
The Green, South Kirkby	Fridays, 10 a.m.	Hemsworth R. (part)	
AREA No. 4. 46, Church Street, Barnsley.	Weds., 10 a.m. & 2 p.m. Fridays, 10 a.m.	Cudworth U., Darfield U., Darton U., Dodworth U., Hoyland Nether U., Royston U., Wombwell U., Worsborough U., Barnsley R.	
Wesleyan Sunday School, Penistone	First Thursday in month, 10 a.m.	Penistone U., Gunthwaite U., Hoylandswaine U., Thurlstone U. Penistone R.	
5, Almshouse Lane, Wakefield	Tuesdays and Fridays, 2 p.m.	Horbury U., Stanley U., Wakefield R., Ossett B. (part)	Assistant Tuberculosis Officers : E. J. C. Groves, M.B., Ch.B. J. Wood-Wilson, M.D., D.P.H. S. P. Wilson, M.D., D.P.H.
The Park Pavilion, Normanton	Tuesdays, 10 a.m.	Altofts U., Normanton U.	
Isolation Hospital, Rothwell	Mondays, 10 a.m.	Rothwell U., Hunslet R.	
Branch House Chambers, Batley	Thursdays, 2 and 6 p.m.	Batley B. Hunsworth U., Ossett B. (part), Birstall U., Birkenshaw U.	
Wellington House, High Street Morley	Thursdays, 10 a.m.	Morley B., Gildersome U., Ardsley E. and W. U., Drighlington U.	
Old Town Hall, Knowler Hill, Liversedge	Fridays, 10 a.m.	Spenborough U., Heekmondwike U.	Consultant Tuberculosis Officer : S. R. Wilson, M.D., M.B., Ch. B., D.P.H. Assistant Tuberculosis Officers : J. E. Gething, B.A., M.B., Ch.B. A. D. Rankin, M.B., Ch.B., D.P.H.
Wesley Chambers, Lidgett Hill, Pudsey	Tuesdays, 2 p.m.	Calverley U., Farsley U., Pudsey B.	
Carnson House, Moorgate Road, Rotherham	Fridays, 10 a.m. and 2 p.m.	Greasborough U., Maltby U., Rawmarsh U., Rotherham R.	
162, Lordens Hill, Dinnington.	Tuesdays, 10 a.m.	Kiveton Park R.	
Urban District Council Offices, Stocksbridge	Mondays, 10-30 a.m.	Stocksbridge U., Wortley R. (part)	
102, Parson Cross Rd., Wadsley Bridge.	Thursdays, 10-30 a.m.	Wortley R. (part)	Consultant Tuberculosis Officer : S. R. Wilson, M.D., M.B., Ch. B., D.P.H. Assistant Tuberculosis Officers : J. E. Gething, B.A., M.B., Ch.B. A. D. Rankin, M.B., Ch.B., D.P.H.
AREA No. 5. Myrtle Villa, Greenups Lane, Sowerby Bridge.	Tuesdays, 10 a.m. Thursdays, 2 p.m.	Sowerby U., Barkisland U., Greetland U., Luddendenfoot U., Midgley U., Rishworth U., Seammonden U. Soyland U., Stainland U., Queensbury U. Halifax R.	
Masonic Hall, Todmorden	Fridays, 2 p.m.	Todmorden B., Mytholmroyd U., Hebden Bridge U., Todmorden R.	
143, Skipton Road, Keighley	Mondays & Wednesdays, 2 p.m.	Keighley B., Keighley R., Haworth U., Oakworth U., Oxenhope U., Denholme U.	
18, Ramsden Street, Huddersfield	Tuesdays, 2 p.m. Fridays, 2 p.m.	Emley U., Flockton U., Golcar U., Linthwaite U., Thurstonland and Farnley Tyas U., South Crosland U., Lepton U., Whitley Upper U., Kirkburton U., Kirkheaton U., Skelmanthorpe U., Mirfield U., Shelley U., Shepley U., Clayton West U., Denby and Cumberworth U., Holme U., Honley U., Holmfirth U., New Mill U., Marsden U., Meltham U., Slaithwaite U.	
Court Street, Uppermill	Alternate Thursdays, 10 a.m.	Saddleshworth U., Springhead U.	Consultant Tuberculosis Officer : S. R. Wilson, M.D., M.B., Ch. B., D.P.H. Assistant Tuberculosis Officers : J. E. Gething, B.A., M.B., Ch.B. A. D. Rankin, M.B., Ch.B., D.P.H.
Mill House, Bradford Road, Brighouse	Fridays, 10 a.m.	Brighouse B., Hipperholme U., Elland U., Shelf U., Southowram U.	
1a, Kirkgate, Shipley	Mondays, 10 a.m.	Baildon U., Bingley U., Shipley U.	

It will be noted from the Annual Report, 1932 that No. 3 Dispensary Area (Doncaster) had, for that year, the highest mortality rate from Tuberculosis, pulmonary and non-pulmonary, i.e., 0·61 per 1,000 population from pulmonary tuberculosis and 0·25 per 1,000 non-pulmonary tuberculosis, as compared with 0·52 per 1,000 population from pulmonary tuberculosis and 0·17 per 1,000 non-pulmonary tuberculosis County rate.

During the year 1933 an investigation was made into the cases of Surgical Tuberculosis occurring within this area to ascertain if possible the source of infection in each case. In nearly every case where infection by human means existed, the open case with whom the patient was living in contact was a notified case and known to the Dispensary staff. For the purpose of this investigation it was decided to exclude peripheral glandular affections, as the cause of infection in these cases was so frequently in doubt.

The following table indicates the areas and the cases investigated:—

Centre	No. of cases of Surgical T.B.	No. of cases of Surgical T.B. in contact with open pulmonary cases.	Cases with concomitant pulmonary T.B.	Probable source of infection.			
				HUMAN		BOVINE	
				No.	%	No.	%
DONCASTER							
Adults	33	4	2	5	15·2	28	84·8
Children	72	23	—	23	31·9	49	68·1
THORNE							
Adults	17	6	—	6	35·3	11	64·7
Children	29	13	—	13	44·8	16	55·2
PONTEFRACT							
Adults	32	9	—	9	28·1	23	71·9
Children	83	40	—	40	48·2	43	51·8
HEMSWORTH							
Adults	9	5	1	5	55·6	4	44·4
Children	22	18	—	18	81·8	4	18·2
SOUTH KIRKBY							
Adults	6	1	—	1	16·7	5	83·3
Children	21	12	—	17	81·0	4	19·0
MEXBOROUGH							
Adults	10	1	—	4	40·0	6	60·0
Children	25	5	—	5	20·0	20	80·0
GOLDTHORPE							
Adults	10	—	1	2	20·0	8	80·0
Children	20	9	—	6	30·0	14	70·0
GOOLE							
Adults	3	—	—	—	—	3	100·0
Children	17	10	—	17	100·0	—	—
Adults	120	26	4	32	26·6	88	73·4
Children	289	130	—	139	48·1	150	51·9
Total	409	156	4	171	41·8	238	58·2

Commenting upon the results of the investigation **Dr. Ryan**, Consultant Tuberculosis Officer, states:—

“The explanation for such widely contrasting percentages, for example, in Doncaster and Hemsworth where the Bovine source is 75% and 25% respectively, in adjacent districts such as Hemsworth and South Kirkby as 25% and 33%, must be sought for elsewhere than in the incidence due to infected milk. The following factors may explain the diverse results.

(1) The enquiry in respect of which the figures are obtained, relates solely to patients on the Tuberculosis Register at present. It does not take into account the number of cases previously removed from the Register because of death, recovery or revision of diagnosis.

(2) In some areas, practitioners refer their cases of surgical tuberculosis to general hospitals. Many of these escape notification. The numbers on the Tuberculosis Register in such areas are largely “contact” cases found by the staff. In these areas therefore, the percentage in contact with open cases of Pulmonary Tuberculosis is higher.

(3) Different Medical Officers observe different standards in accepting cases, e.g. small glands in the abdomen are accepted and entered on the Register by one Officer and discharged as merely evidence of infection by another. This no doubt explains the disparity between the figures for Doncaster area and Mexborough area. In the former there are 44, in the latter 11 of such cases. When the areas are grouped and the figures are taken as a whole, 38% are shown to have been in contact with an open case of Tuberculosis.”

With regard to milk, it was found to be extremely difficult to trace any record of the patients having received milk from an infected source. In many cases a local dealer obtained his milk supply from several farms and it was the mixed milk that eventually reached the consumer.

New Dispensary Premises.

During the year, new Dispensary premises were opened at the following centres:—

Morley	...	Wellington House, High Street,	February.
Skipton	...	54, Keighley Road,	April.
Dinnington	...	162, Lordens Hill,	August.

Dr. G. M. B. Liddle, Assistant Tuberculosis Officer in the Sowerby Bridge Area, died on the 12th March, 1933, after nineteen years in the service. He was succeeded by **Dr. A. D. Rankin**

Revision Course.

A revision course for Nurses interested in public health matters was held at Bingley Training College from March 30th to April 6th. Attendances at lectures were made by seven nurses on the Dispensary staff.

Silicosis and Asbestosis (Medical Arrangements) Scheme 1931.

During the twelve months ended March 31st, 1934, 81 examinations were made by the Tuberculosis Medical Staff on behalf of the Silicosis Medical Board under the Home Office scheme. Twelve radiograms were made at the special request of the Board.

Public Assistance and Tuberculosis.

During the year effective liaison was maintained between the Medical Officers of County Institutions and Tuberculosis Officers.

In a report on Tuberculosis in 1932, **Dr. A. S. MacNalty**, Ministry of Health, states with regard to Poor Law Hospitals:—

“Although it may be some time before treatment in residential institutions of all tuberculous patients requiring it can be given under the tuberculosis schemes of the councils, at least a beginning can be made to secure greater co-ordination of treatment outside residential institutions of those classes of patients for whom the public health and the public assistance committees respectively are responsible. For instance, the services of the tuberculosis officer and the facilities of the dispensary service could be utilised to a greater extent for aid in diagnosis and advice as to treatment of patients normally falling to be treated in their homes by the medical officers of the public assistance committee; some of these cases might be transferred to the dispensaries for supervision, others would remain under the domiciliary treatment of the medical officers of the public assistance committee.

In the past the Ministry have recommended that the local tuberculosis officer should be appointed as honorary consultant for tuberculosis to the Poor Law hospital and in some instances this advice has been acted upon. It is to be hoped that this arrangement will now be adopted generally in order that continuity of treatment of patients may be better secured.”

During the year 17 cases were referred to the Public Assistance Committee for help. 77 cases were transferred from Poor Law Hospitals and local Infirmarys to Sanatoria and Orthopaedic Hospitals. (See table below.)

Dispensary Area.	No. of Cases seen in consultation	Number of Cases removed to Sanatorium or Hospital
No. 1 (Skipton)	8	8
No. 2 (Harrogate)	16	6
No. 3 (Doncaster)	39	39
No. 4 (Barnsley)	19	12
No. 5 (Sowerby Bridge)	32	12
Total	114	77

Applications for Treatment, 1933.

	Kind of Treatment Granted.				Cases referred to own Medical Attendant.	Totals.
	Sanator- ium.	Hospital.	Dispensary Treatment.	Dispensary Supervision.		
New Cases	941	111	59	331	142	1,584
Old Cases reconsidered	504	69	23	976	272	1,844
Totals ...	1,445	180	82	1,307	414	3,428

Summary of Dispensary Work, 1933.

Dispensary Area.	Number of Consultations with Practitioners.	Domiciliary visits paid by Dispensary Nurses and Health Visitors to old and new cases.	Visits paid by Consultant and Assistant Tuberculosis Officers to patients at their homes.	Attendances made by old and new patients.
Area No. 1	62	4,696	546	3,505
Area No. 2	75	3,829	315	2,225
Area No. 3	346	7,663	545	9,262
Area No. 4	673	11,355	790	10,126
Area No. 5	227	7,326	793	8,528
Totals	1,383	34,869	2,989	33,646

Home Visitation by Dispensary Staff.

Year.	Visits by Tuberculosis Officers.	Visits by Dispensary Nurses.	Visits by Health Visitors.
1929	2475	37197	6190
1930	2738	43534	5491
1931	2422	36889	5073
1932	3232	33092	5177
1933	2989	29694	5175

X-Ray Examination.

X-Ray plants are now established at the following centres:—Barnsley, Batley, Doncaster, Pontefract, Rotherham and Sowerby Bridge. In the absence of a conveniently situated county plant in the Skipton and Clitheroe areas and the northern part of No. 2 area cases were sent to the following private clinics for examination:—

Barnoldswick and Clitheroe Dispensaries Dr. Grieve (Burnley).
 Keighley, Skipton, Settle and Otley Disensaries Skipton Hospital
 Harrogate, Ripon, and Tadcaster Dispensaries Dr. Thomson (Harrogate)

During the year, 3,933 X-Ray examinations were made of West Riding patients, 3,610 of these being carried out at County X-Ray Centres, as follows:—

Barnsley 305 Batley 333
 Doncaster 901 Pontefract 1,019
 Rotherham 525 Sowerby Bridge 527

Dispensary Area.	For Diagnosis				For Treatment*		TOTAL
	Pulmonary		Non-Pulmonary		Pul- monary	Non- Pul- monary	
	Pos.	Neg.	Pos.	Neg.			
Area No. 1 (Skipton) ...	87	160	6	6	21	3	283
Area No. 2 (Harrogate)	27	38	1	3	3	1	73
Area No. 3 (Doncaster)	487	1071	29	40	153	10	1790
Area No. 4 (Barnsley) ...	318	775	30	77	42	19	1261
Area No. 5 (Sowerby Bridge)	176	230	13	14	60	33	526
	1095	2274	79	140	279	66	3933

* In connection with artificial pneumothorax treatment.

Artificial Sunlight Treatment.

Continued use has been made of the following private and voluntary clinics in respect of dispensary patients in need of artificial sunlight treatment and during the year 141 patients were referred by the dispensaries for this treatment.

Clinics:—

Clayton Hospital, Wakefield.
 Manchester and Salford Hospital for Skin Diseases (daily clinic).
 Huddersfield Royal Infirmary.
 Dr. J. Grieve, Burnley.
 Dr. G. W. Wigg, Doncaster.
 Leeds General Infirmary (daily clinic).
 Sheffield Royal Infirmary (daily clinic).

For a number of years, cases of non-pulmonary tuberculosis from the West Riding area have been treated at the Leeds General Infirmary without charge. In recognition of the good work carried out by this institution the County Council have acceded to a request from the Board of Management that payment be made for these services.

The following table indicates the work done in respect of different dispensary areas and the results noted at the end of the year.

Dispensary Area.	Type of Case.	No. treated	Total No. of applications	Result of treatment			
				Cured	Much improved	Improved	No change
No. 1 (Skipton) ..	Adenitis (Cervical and Inguinal) ..	7	335	—	2	5	—
	Lupus	5	469	—	3	2	—
	Other Conditions	1	12	—	—	—	1
No. 2 (Harrogate) ...	Adenitis (Cervical and Inguinal) ...	1	48	—	—	1	—
	Lupus	11	1552	—	4	5	2
No. 3 (Doncaster) ...	Adenitis (Cervical and Inguinal) .	7	859	—	5	1	1
	Lupus	43	4945	2	22	16	3
	Other Conditions	4	365	—	2	1	1
No. 4 (Barnsley) ...	Adenitis (Cervical and Inguinal) ...	18	835	—	7	8	3
	Lupus	25	2121	1	12	9	3
	Other Conditions	5	445	—	2	2	1
No. 5 (Sowerby Bridge) ...	Adenitis (Cervical and Inguinal) ...	2	84	1	—	—	1
	Lupus	10	734	—	4	4	2
	Other Conditions	2	36	—	—	2	—

COMBINED TREATMENT AND TRAINING.

The following table shews the admissions and discharges of all classes of patients to courses of combined treatment and training with or without a view to ultimate settlement. At the end of the year the County had 20 Colonists—10 at Preston Hall, Aylesford, Kent—8 at Papworth Hall, near Cambridge and 2 at East Lancashire Tuberculosis Colony, Barrowmore Hall, Gt. Barrow, Chester. In addition 3 cases have been trained at the Derwen Cripples' Training College and have obtained employment.

Colony.	No. under training on 1.1.33	No. admitted during 1933.	No. discharged during 1933.	No. remaining under training on 31.12.33	
Papworth Village Settlement, near Cambridge	2	—	1	1	For Training only. Qualifying for Village S't.
British Legion Village, Preston Hall, Aylesford, Kent	11	5	5	11	
East Lanes. Tuberculosis Colony, Gt. Barrow, Chester	1	7	2	6	Qualifying for Village S't.
Burrow Hill San. Colony, Frimley, Surrey	2	1	2	1	Qualifying for Village S't.
Derwen Cripples' Training College, Oswestry	2	2	2	2	For Training only.
	2	2	1	3	For Training only.

Of the 13 cases shewn under the heading "discharged" 6 were transferred to Village Settlement, 1 died and 6 cases did not complete courses having been prematurely discharged for various reasons.

Provision of Clothing.

During the year 613 orders were issued under the Council's Scheme for the provision of clothing in respect of applications for assistance in necessitous cases where the applicant was receiving Sanatorium treatment as follows:—

Middleton Sanatorium ...	350	Crookhill Hall Receiving Home	45
Mitchell Memorial Home ...	26	Cardigan Sanatorium ...	39
Eldwick Sanatorium ...	23	Other Institutions	130

West Riding Distress Fund.

Applications continue to be received for assistance from this fund and during the year 16 blankets and 1 pillow have been supplied in necessitous cases at a cost of £5 7s. 6d. Assistance also has been granted towards the cost of removing the furniture of two patients from their homes in the West Riding to the Papworth Village Settlement where they have been admitted to the Village as settlers. The fund has also been used to meet accounts in respect of the boot repairs of children in Sanatorium where the parents were not in a position to pay, and reading glasses, etc. have been provided in similar circumstances. Assistance in the payment of travelling expenses has been granted in exceptional cases where help could not be obtained from any other source.

Extra Nourishment.

Extra nourishment, which constitutes a valuable adjunct to the treatment of tuberculosis, has been provided in necessitous cases. 438 patients undergoing dispensary or domiciliary treatment received grants in the form of milk and eggs during the year 1933, at a total cost of £1,947 18s. 5d. The average number of patients in receipt throughout the year was 313.

Surgical Appliances.

The following list indicates the type and number of surgical appliances supplied during the year to patients receiving general dispensary treatment:—

Spinal Supports	...	...	...	9	Ankle Splint	...	...	...	...	1
Surgical Boots	...	...	...	9	Leg Irons	...	...	...	...	3
Artificial Limbs	...	...	...	2	Iron Pattens	...	...	...	...	3
Walking Caliper Splint	...	...	...	1	Crutches	...	...	...	...	4
Hip Splint	...	...	...	1	Blocked Leather Spicas	...	...	...	...	2
Knee Splints	...	...	...	2	Alterations, Repairs and Renewal Parts	...	...	...	...	15

The foregoing appliances were provided at a total cost to the County Council of £92 7s. 6d. whilst in six instances an additional aggregate sum of £13 7s. 3d. was contributed by or on behalf of six patients. Contributions towards the cost of appliances are required where patients are not receiving institutional treatment and the circumstances of the family, as determined by the income scale approved by the County Council, permit. In two cases sanction was given for outstanding balances of proffered contributions amounting to £1 2s. 6d. to be written off owing to the parents' inability to pay.

In addition to those enumerated a number of surgical appliances of various types representing a total cost of £72 11s. 6d. have been supplied during the period of this report, to patients actually undergoing treatment in orthopaedic hospitals for surgical tuberculosis. In these cases appliances are provided at the instigation and under the direction of the Medical Superintendent of the Institution concerned and as these form an integral part of the specialised treatment for which the patient is admitted, the County Council defray the entire cost thereof.

Domiciliary Open-Air Shelters.

Full use has been made of the open-air shelters which are loaned to tuberculous patients in connection with their domiciliary treatment. They enable the patients to live an open-air life and to occupy separate sleeping accommodation within easy reach of their homes. During the year one shelter was destroyed owing to its dilapidated condition and twelve new shelters were ordered, six of which were delivered and occupied before the end of the year; making a total of 95 in occupation at that time. Regular visiting of the shelters is carried out by the dispensary staff or Tuberculosis Health Visitors and periodical reports upon the condition of the shelters are furnished to the department.

DENTAL TREATMENT.

During the year approval for the provision of dental treatment was granted in 139 cases at an estimated cost of £258 17s. 2d. but owing to patients leaving or being discharged from Sanatoria before receiving treatment and the non-completion of treatment by the end of the year the actual cost was £249 17s. 2d. Towards this amount the Approved Societies contributed £57 18s. 8d. and the balance of £191 18s. 6d. was paid by the County Council. Particulars of the treatment given are shewn below:—

Institution or Dispensary Area.	No. of Cases	Extractions	Fillings	Sealings	Full Upper and Lower Dentures	Upper Denture	Lower Denture	Part Upper Denture	Part Lower Denture	Repairs etc.	Re-makes
Middleton Sanatorium	43	160	4	—	6	1	—	3	2	7	2
Cardigan Sanatorium	7	58	—	—	1	1	—	—	—	—	—
Crookhill Hall Receiving Home	10	87	—	—	5	—	—	—	—	1	—
County Sanatorium, Wyton	45	1	49	33	—	—	—	—	—	—	—
Westmorland Sanatorium	6	56	—	—	1	1	1	—	1	—	2
Berks. and Bucks. Jt. Sanatorium	17	36	72	16	—	—	—	—	—	—	—
Papworth Village Settlement	2	13	4	—	—	1	—	1	—	—	—
Mitchell Memorial Home	2	6	—	—	—	—	—	1	1	—	11
Preston Hall	1	—	—	—	—	1	—	—	—	—	—
Shropshire Orthopaedic Hospital	1	18	—	—	—	1	—	—	—	—	—
Dean Head Sanatorium	1	3	—	—	—	—	—	—	—	—	—
No. 1. Skipton Area	2	1	—	—	1	—	—	—	—	—	—
No. 3. Doncaster Area	1	25	—	—	1	—	—	—	—	—	—
No. 4. Barnsley Area	1	21	—	—	1	—	—	—	—	—	—
Totals	139	485	129	49	16	6	1	5	4	8	6

WAR PENSIONERS FOR TUBERCULOSIS.

Three new cases of War Pensioners for Tuberculosis were added to the registers during the year, making a total of 759. This is a decrease of 25 on last year's figures due to deaths, removals, etc. 399 Pensioners have been accepted by the Ministry of Pensions under the special arrangements detailed in Memo 37/T. (Revised) and Memo. 146/T. of the Ministry of Health.

The following table shews the number of War Pensioners for tuberculosis on various forms of treatment on the 31st December, 1933:—

AREA.	Dispensary.				General Dispensary Supervision				Domiciliary.				Institutional (includes San., Hosp., and Training).				TOTALS				
	Class T.B. Minus	Class T.B. Plus			Class T.B. Minus	Class T.B. Plus			Class T.B. Minus	Class T.B. Plus			Class T.B. Minus	Class T.B. Plus							
		Group 1	Group 2	Group 3		Non-Pulm.	Group 1	Group 2		Group 3	Non-Pulm.	Group 1		Group 2	Group 3	Non-Pulm.		Group 1	Group 2	Group 3	Non-Pulm.
No. 1 (Skipton)	3	—	—	—	38	—	3	1	3	7	—	5	—	1	—	—	1	—	62		
„ 2 (Harrogate)	1	—	—	—	30	—	2	3	1	7	—	3	4	1	—	—	—	—	52		
„ 3 (Doncaster)	8	—	—	—	1 98	1	10	2	—	105	2	7	7	4	1	—	1	—	247		
„ 4 (Barnsley)	4	—	—	—	1 92	1	6	3	2	144	1	6	3	1	4	—	—	1	269		
„ 5 (Sowerby Bridge) ...	26	—	—	—	6 44	—	1	1	4	29	—	4	8	4	2	—	—	—	129		
Totals	42	—	—	—	8 302	2	22	10	10	292	3	25	22	11	7	—	2	—	759		

INSTITUTIONAL TREATMENT.

The institutional accommodation available for pulmonary and non-pulmonary cases in the West Riding on December 31st, 1933, was 871 beds. The average user during the year amounted to 877 beds. Extra accommodation was taken at Leasowe Hospital (6 beds) and three additional beds at the Berks. and Bucks. Sanatorium, Peppard Common. Under the provisions of the Local Government Act 1929, the London County Council took over the control of High Wood Hospital, and the twenty beds formerly used at this Institution are not now available for West Riding needs. Ten beds for children were relinquished at Stanhope Sanatorium.

Early cases of pulmonary tuberculosis were admitted for treatment to the following institutions:—

Adults:—Middleton Sanatorium, Cardigan, Meathop, Oakwood Hall.

Children:—Wyton, Wensleydale and Berks. and Bucks.

Advanced cases to Crookhill Hall, Morton Banks and Dean Head institutions.

Cases for observation to Middleton, Oakwood Hall and Berks. and Bucks. institutions. The number of such cases admitted during 1933 shows a reduction as compared with previous years, as shown below:—

				Adults		Children	
Admissions	1931	...	...	194	...	106	...
„	1932	...	...	81	...	32	...
„	1933	...	...	53	...	26	...

The proportion of open cases admitted to institutional treatment continues to show an increase during recent years. The following is a comparison of the negative and open cases treated since 1925:—

Years			Sputum Negative	Sputum Positive	Proportion of Positive Cases
1925 to 1930	...	7,550	...	2,014	21.0%
1931	...	932	...	481	34.0%
1932	...	755	...	483	39.0%
1933	...	607	...	536	46.9%

It has been mentioned elsewhere in this report that as a sequence to the improved methods of diagnosis and the careful classification of old cases at the dispensaries, the numbers of doubtful cases have been considerably reduced and the number of definite cases increased. With repeated X-Ray examinations at the dispensaries the need for observation beds in sanatoria has diminished. Similarly with sputum examinations, which are now made at much more frequent intervals, the number of T.B. positive cases are increasing: consequently there is a percentage increase in this class of case discharged from sanatorium year by year.

VISITS TO SANATORIA.

During 1933 the following institutions where West Riding patients are admitted for treatment, were visited by members of the Tuberculosis Sub-Committee. Satisfactory reports of the methods of treatment, dietary, and progress of patients were made in each instance:—

Dean Head Sanatorium, Horsforth (two visits)..

Morton Banks Sanatorium, Keighley (two visits).

Berks. and Bucks. Joint Sanatorium, Oxon.

Wensleydale Sanatorium, Aysgarth.

Leasowe Hospital, Cheshire.

British Legion Village, Preston Hall, Kent.

As has been the practice in the past, a large number of cases of pulmonary tuberculosis in women and children requiring institutional treatment or observation were admitted to sanatoria outside the Riding. Thus, of the available accommodation for women and children, 258 were in outside institutions.

Whilst this arrangement may be satisfactory in some respects, it is extremely unsatisfactory and inconvenient from an administrative point of view. Patients have often long distances to travel and considerable correspondence is inevitable.

As far as possible pulmonary cases are selected according to the form of treatment required: thus, those suitable for sanatorium treatment are admitted to Middleton, Cardigan and Oakwood Hall institutions. Cases requiring hospital treatment are admitted to Crookhill Hall, Dean Head and Morton Banks institutions.

In most institutions, or at any rate those within easy distance of X-Ray plant, artificial pneumothorax is now practised. It is becoming established as a routine treatment, and there is evidence to show that if the cases are carefully selected, artificial pneumothorax can prolong life, and render the patient less infective by diminishing his sputum.

Gold treatment, given concurrently with artificial pneumothorax, is finding favour.

During the year, the surgeon specialist (Mr. Moir) was called in for consultation regarding sanatorium and hospital cases.

With regard to children, the total accommodation on the 31st December, 1933, was 262 beds—141 for sanatorium cases and 121 for orthopædic and non-pulmonary conditions.

The following two types of tuberculosis in children are admitted to sanatorium:—

(a) Cases of pulmonary tuberculosis (including tuberculosis of the pleura or intrathoracic glands) classified according to the Ministry of Health Memo. 37/T revised, section 1, paragraph 2 appendix. The number of children suffering from purely pulmonary tuberculosis is small indeed, and those with active disease and positive sputum do not exceed 1·5% of the total.

(b) Cases of cervical and abdominal tuberculosis which strictly classified are non-pulmonary cases, but which for obvious reasons are better suited for sanatorium treatment than orthopædic hospital.

In most cases all that is necessary in the treatment of children is fresh-air, adequate food, rest and discipline. Children away from their home surroundings do remarkably well in sanatoria: the change of air and abundance of good wholesome food seem to act like a charm. Only a very small proportion of children are suitable for Artificial pneumothorax treatment, and in the majority of cases the above routine is relied upon.

With regard to orthopædic treatment, the total institutional accommodation at the end of 1933 was 155 beds, namely 20 for men, 14 for women and 121 for children.

The immediate results of treatment during the year were satisfactory as a whole (vide table on page 98).

The problem of orthopædic after-care is most pressing. There are in the West Riding 704 tuberculous orthopædic cases in adults and children, most of whom have received institutional treatment at one time or another. Patients treated at the Shropshire Orthopædic Hospital return as a rule to the Hospital at stated intervals, and there have splints and appliances re-examined and re-fitted if necessary. Cases which are less urgent are seen at the Wakefield or Sheffield clinics, where Dr. Crockatt of Kirkbymoorside, and Dr. Lee Pattison of Rivelin Valley Hospital are in attendance once a month. During the year 54 attendances were made at these clinics. Each out-patient was seen and examined, and a report made out on the attendance card as to the needs of the case.

The Derwen Cripples Training College at Oswestry has made considerable progress during the past twelve months: new arts and crafts have been introduced, and the accommodation improved and increased. It will be noted from the table on page 93 that at the end of the year three West Riding patients were in residence—one for a commercial course, one in the painting and signwriting section, and one girl is receiving instruction in the dressmaking and soft-toy department.

On the recommendation of Mr. Dobson, (Leeds General Infirmary), and the Chief Tuberculosis Officer, the Tuberculosis Sub-Committee decided to assist financially in the treatment of a case of multiple tuberculosis at Dr. Rollier's clinic, Leysin, Switzerland. This is the first case of any class sent abroad, and it can be said that the results have justified the experiment. The pulmonary condition is now quiescent, and cure has followed the treatment of the sacro-iliac and other concomitant lesions.

Institutional Accommodation Available for West Riding Cases—December, 1933.

	No. of Beds available					
	For Pulmonary Cases			For Non-Pulmonary Cases		
	Men	Women	Children	Men	Women	Children
Controlled by County Council (Public Health Committee).						
Middleton-in-Wharfedale Sanatorium	300	—	—	—	—	—
Cardigan Sanatorium, near Wakefield	—	50	—	—	—	—
Eldwick Sanatorium, near Bingley	—	—	39	—	—	—
Mitchell Memorial Home, Rawdon	30	—	—	—	—	—
Crookhill Hall Receiving Home	40	—	—	—	—	—
Not Controlled by the County Council:—						
Morton Banks Sanatorium, near Keighley	—	53	—	—	—	—
Dean Head Sanatorium, Horsforth	—	60	—	—	—	—
Oakwood Hall Sanatorium, Rotherham	—	15	15	—	—	—
Wyton Hostel, Huntingdon	—	—	50	—	—	—
Wensleydale Sanatorium, Aysgarth	—	—	12	—	—	—
Westmorland Sanatorium, Meathop	—	6	—	—	—	—
Marguerite Home, Thorparch	—	—	—	—	—	26
Leasowe Hospital, Cheshire	—	—	—	—	7	9
King Edward VII Hospital, Rivelin Valley	—	—	—	—	—	36
Shropshire Orthopaedic Hospital, Oswestry	—	—	—	15	5	1
Sheffield Children's Hospital	—	—	—	—	—	6
Berks. and Bucks. Joint Sanatorium, Oxon.	—	—	24	—	—	—
Yorkshire Children's Orthopaedic Hospital, Kirkby- moorside	—	—	—	—	—	10
Stannington Sanatorium, Northumberland	—	—	—	—	—	12
Royal National Orthopaedic Hospital, Stanmore, Middlesex	—	—	—	—	—	17
Miscellaneous Institutions	19	2	1	5	2	4
Totals	389	186	141	20	14	121

Institutional Treatment during 1933.

Institution	Patients in residence on 1.1.33	Admissions 1933			Total number of Admissions	Discharges 1933			Total number of Discharges	Patients in residence on 31.12.33	
		Men	Women	Children		Men	Women	Children			
Pulmonary Institutions.											
Middleton-in-Wharfedale Sanatorium	295	538	—	—	538	546	—	—	546	287	
Mitchell Memorial Home	50	—	158	—	158	—	159	—	159	49	
Cardigan Sanatorium	28	68	—	—	68	66	—	—	66	30	
Eldwick Sanatorium	22	—	—	86	86	—	—	69	69	39	
Crookhill Hall Receiving Home	40	88	—	—	88	89	—	—	89	39	
Dean Head Sanatorium	60	—	122	—	122	—	122	—	122	60	
Morton Banks Sanatorium	60	—	99	14	113	—	112	9	121	52	
Wyton Sanatorium	50	—	—	45	45	—	—	45	45	50	
Westmorland Sanatorium	6	1	8	—	9	1	7	—	8	7	
Oakwood Hall Sanatorium	28	2	34	29	65	—	41	22	63	30	
Wolsingham Sanatorium	2	—	—	—	—	—	—	2	2	—	
Stanhope Sanatorium	10	—	—	—	—	—	—	10	10	—	
Stannington Sanatorium	14	—	—	16	16	—	—	18	18	12	
Highwood Hospital	20	—	—	—	—	—	—	19	19	1	
Wensleydale Sanatorium	12	4	3	9	16	7	2	8	17	11	
Berks. and Bucks. Sanatorium	21	—	—	33	33	—	—	30	30	24	
Miscellaneous	13	3	—	—	3	12	—	4	16	—	
Non-Pulmonary Institutions.											
Yorkshire Children's Orthopaedic Hospital											
Kirkbymoorside	11	—	—	8	8	—	—	9	9	10	
Marguerite Home, Thorparch	26	—	—	25	25	—	—	25	25	26	
King Edward VII. Hospital, Sheffield	30	—	—	23	23	—	—	17	17	36	
Shropshire Orthopaedic Hospital	25	33	15	1	49	33	20	—	53	21	
Royal National Orthopaedic Hospital, Stanmore	17	—	1	10	11	—	1	10	11	17	
Miscellaneous Institutions	13	20	16	23	59	12	11	21	44	28	
Total	853	757	456	322	1535	766	475	318	1559	829	

Immediate Results of Treatment of Patients Discharged from Residential Institutions during the year 1933.

(a) Pulmonary Cases.

Classification on admission*	Condition at time of discharge.	Duration of Treatment in the Institution.												Total
		Under 3 months			3—6 months			6—12 months			More than 12 months			
		M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
Class T.B. Minus.	Quiescent ... Not Quiescent ... Died in Institution	34 61 5	36 31 4	4 5 —	104 36 4	70 10 —	23 6 —	46 16 2	17 10 3	27 4 —	12 12 1	1 — —	22 1 —	396 192 19
Class T.B. + Group I.	Quiescent ... Not Quiescent ... Died in Institution	1 4 1	1 6 —	— — —	7 — 1	4 2 —	1 — —	4 2 —	2 — —	2 — —	1 — —	2 — —	— — —	25 14 2
Class T.B. + Group II.	Quiescent ... Not Quiescent ... Died in Institution	2 20 4	2 23 2	— — 1	8 15 1	13 22 3	— — —	13 10 3	15 5 2	— — —	6 11 —	3 3 1	— — —	62 109 17
Class T.B. + Group III.	Quiescent ... Not Quiescent ... Died in Institution	2 28 38	— 16 25	— — —	3 32 11	— 17 10	— — —	4 40 10	4 13 4	— — —	2 27 12	1 4 2	— 1 1	16 178 113
	Totals ...	200	146	10	222	151	30	150	75	33	84	17	25	1143

* Classification according to Memo. 37/T.

(b) Non-Pulmonary Cases.

Classifi- cation on Admis- sion.	Condition at time of discharge	Duration of Treatment in the Institution.												Total
		Under 3 months			3—6 months			6—12 months			More than 12 months			
		M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
Bones and Joints.	Quiescent ...	22	9	3	7	5	4	7	4	17	4	4	35	121
	Not Quiescent ...	—	1	1	2	—	—	—	1	1	—	—	1	7
	Died in Institution	2	—	1	—	1	—	2	—	—	—	1	1	8
Abdominal	Quiescent ...	1	3	6	4	11	5	4	2	21	2	1	7	67
	Not Quiescent ...	2	2	2	4	—	—	1	—	3	—	—	1	15
	Died in Institution	—	—	—	—	—	—	—	—	1	—	—	1	2
Other organs.	Quiescent ...	5	2	1	2	3	3	—	—	4	1	—	1	22
	Not Quiescent ...	1	2	1	1	1	1	1	1	1	1	—	—	11
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
Peripheral Glands.	Quiescent ...	1	3	9	—	—	17	—	—	19	1	—	17	67
	Not Quiescent ...	2	2	4	2	1	4	—	—	2	—	—	—	17
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...		36	24	28	22	22	34	15	8	69	9	6	64	337

Sanatorium Treatment—Immediate Results.

Of the total sanatorium discharges in adults suffering from pulmonary conditions 515 or 49·3 per cent. belonged to Group T.B. minus, and 530 or 50·7 per cent. to the later stages with T.B. in the sputum.

With regard to the results of treatment, of those discharged quiescent and improved, 320 or 76·2 per cent. were early cases with negative sputum, and 100 or 23·8 per cent. in the later stages of the disease, whose sputum contained tubercle bacilli.

Of those dying in the institutions, 87·3 per cent. occurred in Group T.B. +.

A noticeable feature of the above table is that 719 or 68·8 per cent. of the pulmonary adult discharges took place under six months, as compared with 326 or 31·2 per cent. of six months or over. The greater proportion of discharges under six months took place in those in the earliest stages of the disease, and represent 395 or 54·9 per cent. in Group T.B. minus as compared with 324 or 45·1 per cent. of those in T.B. + (all groups).

CHILDREN.—Of the total number of discharges in the pulmonary classes 92 or 93·9 per cent. belonged to the first category, and had T.B. minus, the remainder representing classes belonging to the later stages.

Of the results occurring in the former category, 76 or 82·6 per cent. were discharged quiescent, and 16 or 17·4 per cent. not quiescent as compared with 3 or 50 per cent. quiescent in T.B. + (all groups).

Two children died in institutions. Both were in the later stages of the disease with T.B. +.

NON-PULMONARY DISCHARGES. Of the total discharges under this head 142 were adults and 195 were children, 86·7 per cent. of children were discharged with the disease quiescent as compared with 76·1 per cent. in the case of adults.

The following table shews the results of observation of doubtfully tuberculous cases discharged during 1933 from residential institutions:—

			For Pulmonary Tuberculosis						For Non-Pulmonary Tuberculosis.						Totals.			
			Stay under 4 weeks			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.						
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Tuberculous	...	...	—	2	—	13	13	9	1	—	—	1	—	2	15	15	11
Non-Tuberculous	...	...	14	—	—	1	11	8	—	—	1	—	—	1	15	11	10
Doubtful	...	...	2	—	—	—	—	—	—	—	—	—	—	1	2	—	1
Totals			...	16	2	—	14	24	17	1	—	1	1	—	4	32	26	22

MIDDLETON-IN-WHARFEDALE SANATORIUM.

Dr. T. Campbell, Medical Superintendent reports as follows:—

During the year, 538 cases were admitted for treatment, as classified below:—

Pulmonary	Class T.B. minus	...	...	...	297
	Class T.B. plus	Group I	...	...	3
	"	"	II	...	55
	"	"	III	...	140
Non-pulmonary	...	...	...	...	32
Observation	...	...	...	...	11

Of the pulmonary cases treated, 31 per cent. were in stage III (T.B. plus); so that in only two-thirds of the cases was there a reasonable prospect of substantial benefit. Thirteen per cent. of the pulmonary cases and five per cent. of the non-pulmonary cases died in the institution.

The proportion of "bed" cases, that is of those who had at least 2 meals in bed daily was 55 per cent. As in former years the routine treatment was supplemented by artificial pneumothorax; and the administration of gold salts: surgical measures were carried out in a few cases.

The therapeutic handicrafts section continues to be useful and helpful in its sphere, and the work undertaken in it is described in detail (see page 101).

The ultra-violet light department has extended in its usefulness, and an addition to the work has resulted from the treatment of out-patients suffering from non-pulmonary forms of tuberculosis drawn from the adjoining dispensary area.

Artificial pneumo-thorax treatment was carried out in 55 cases, and in a number of these the patients were transferred to a dispensary for its continuance on their discharge. In the majority improvement was manifested, but 10 of the patients returned home before a reasonable trial had been secured, and 17 remain under treatment at the end of the year.

X-RAY EXAMINATIONS.

For Diagnosis.							Positive	Negative	Totals
Pulmonary	...	...	...	...	...	...	15	15	30
Non-Pulmonary (internal organs, bones and joints)							17	16	33
In connection with Artificial Pneumo-thorax treatment	...	...	...	...	...	...	...	...	47
Regarding Progress	...	...	...	...	...	...	...	...	37
For Confirmation	...	...	...	...	...	...	...	...	45
Non-pulmonary (surgical cases)	...	...	...	...	...	...	...	...	18
Silicosis	...	...	...	...	...	...	...	...	2
Abdominal Tumour	...	...	...	...	...	...	...	...	1
Pulmonary Tumours	...	...	...	...	...	...	...	...	2
Barium Meal	...	...	...	...	...	...	...	...	1
Total									216

Treatment with Gold Salts.

In 16 cases a further trial of intra-venous injections of Gold Salts was made, with the following results:—

In 7 cases tubercle bacilli disappeared from the sputum and the disease was quiescent on discharge.

In 7 cases the treatment was ineffective, and in 2 cases the trial was restricted by the occurrence of reactions, and so the treatment could not be continued.

Cases Treated Surgically.

- (1) *W.C., aged 26.* With consolidation and softening in right lung; and infiltration of upper lobe of left. As artificial pneumo-thorax was ineffective, phrenic evulsion was performed, with benefit resulting, but quiescence not secured, though Sanocrysin was also administered.
- (2) *L.F., aged 27.* Intermediate stage of disease in both lungs; and as artificial pneumo-thorax had been undertaken during a previous period of treatment, phrenic evulsion was performed to secure quiescence, and this in conjunction with Sanocrysin was successful.
- (3) *A.M., aged 45.* Disease affecting upper half of right lung; artificial pneumo-thorax carried out, and phrenic evulsion performed to assist in compression. Result successful, and disease quiescent on discharge.
- (4) *C.O., aged 51.* Fairly extensive disease of right lung; and to relieve respiratory embarrassment associated with a diaphragmatic adhesion, phrenic evulsion undertaken with a successful result.
- (5) *H.S., aged 28.* Moderately extensive disease in right lung, and as artificial pneumo-thorax was ineffective in checking toxæmia phrenic evulsion was performed. Patient was transferred to another institution, disease being still active.
- (6) *L.B., aged 25.* With extensive and advanced one-sided disease; complete thoracoplasty undertaken. Sputum thereafter negative for T.B.; patient still in institution.
- (7) *F. W. L., aged 27.* Moderately extensive disease of left lung, and infiltration of upper right lobe; left phrenic evulsion undertaken to relieve pain and excessive coughing associated with a basal adhesion—successful in giving relief.
- (8) *G.T., aged 25.* Consolidation and softening in upper half of right lung and infiltration of left apex. Phrenic evulsion performed to assist in compression by artificial pneumo-thorax. Result—progress assisted.
- (9) *T.P., aged 18.* Softening and excavation in left upper lobe and moderate infiltration of right upper lobe.
 - (a) A.P. treatment found to be ineffective in compressing a cavity; and phrenic evulsion first performed.
 - (b) Later a partial thoracoplasty was undertaken and patient is still under treatment. (The above cases were under the care of Mr. Moir.)
- (10) *J.R., aged 23.* Old empyæma; resection of rib undertaken by Medical Superintendent—Result, healed.

MIDDLETON SANATORIUM.

Table showing immediate results of treatment of patients discharged during 1933.

Classification on admission to the Institution	Condition at time of Discharge	Duration of Residential Treatment				
		Under 3 months	3 to 6 months	6 to 12 months	Over 12 months	Totals
Class T.B. Minus	Quiescent	22	76	28	11	137
	Not Quiescent	51	30	14	12	107
	Died	3	3	1	—	7
Class T.B. + Group I.	Quiescent	—	3	2	—	5
	Not Quiescent	2	—	1	—	3
	Died	—	—	—	—	—
Class T.B. + Group II.	Quiescent	2	5	8	5	20
	Not Quiescent	17	10	9	11	47
	Died	3	—	3	—	6
Class T.B. + Group III.	Quiescent	1	1	2	2	6
	Not Quiescent	21	19	27	24	91
	Died	28	8	8	10	54
Bones and Joints	Quiescent	1	2	2	1	6
	Not Quiescent	—	2	—	—	2
	Died	2	—	—	—	2
Abdomen	Quiescent	—	4	2	2	8
	Not Quiescent	1	4	1	—	6
	Died	—	—	—	—	—
Other Organs	Quiescent	—	1	—	—	1
	Not Quiescent	1	1	1	1	4
	Died	—	—	—	—	—
Peripheral Glands	Quiescent	—	—	—	1	1
	Not Quiescent	2	2	—	—	4
	Died	—	—	—	—	—

Table showing the results of observation of doubtfully tuberculous cases discharged during 1933.

Diagnosis on discharge from observation.	For Pulmonary Tuberculosis		For Non-Pulmonary Tuberculosis		Totals
	Stay under 4 weeks	Stay over 4 weeks	Stay under 4 weeks.	Stay over 4 weeks	
Tuberculous	14	1	—	—	15
Non-Tuberculous	15	—	—	—	15
Doubtful	2	—	—	—	2
Totals ...	31	1	—	—	32

Therapeutic Handicrafts Department.

During the year 326 patients have attended for instruction. The work done has been of a varied nature, fancy leather work being the most favoured of occupations—the articles in this section including:—464 purses, 119 cigarette cases; 28 tobacco pouches; 28 pochettes; 27 handbags; 23 wallets; 17 note cases. In addition to these book covers, book markers, writing cases, cigar cases, fire screens and cushions have been fashioned. Boot repairing has also proved to be a popular department, and 586 pairs of boots have been dealt with, of which 270 pairs were for necessitous patients.

The woodwork section has interested a number of the inmates in various ways, but it has not proved so popular as leather craft, owing to the fact that a higher degree of skill is required in tool manipulation, and also that results are not so quickly obtained.

This department has been responsible during the year for the painting and re-decoration of the recreation hall, and also for lining throughout with matchboarding the woodwork hutment. The bedside lockers of two of the pavilions have been painted or varnished by workers in this section; and chairs and garden seats have also been varnished. Among articles constructed were the following:—cabinets, cupboards, notice boards, oak furnishings for the mortuary, matting frames, stools and photo frames; while wool rugs have also been made.

In the rabbitry, the stock of Angoras numbers 38, and besides giving an interest to some of the patients in the daily attention necessary, this department has provided a marketable quantity of wool. An outdoor run has been added and has proved advantageous in summer.

The Library, which is in charge of two patients, now comprises 5,599 volumes, 5,175 of fiction, and 424 others. The total issues for the year number 11,136, and these have proved an invaluable interest to patients whose condition has called for prolonged confinement to bed. During the year 1,706 books have been added to the library, and numerous gifts of magazines have been received.

Clothing Provision. During the year 357 patients have been supplied with clothing, in 97 cases with outer garments, and in the remainder with underclothing and shoes.

Church Services. A religious service has been held in the Chapel on each Sunday, with an average attendance of 35; the organist and choir provided by patients themselves.

It is gratifying to find that many patients on their return home continue to carry on the handicrafts in which they have received instruction, and in one case an individual has in his turn undertaken to act as instructor in leatherwork at an instructional centre, where a cigarette case he fashioned was presented to H.R.H. the Prince of Wales.

The purposes for which the Handicrafts section was instituted have been well fulfilled, giving relief from the monotony of institutional life, particularly in the case of patients who make a prolonged stay in the Sanatorium, and obviating the introspection which might otherwise result.

Resumé of the work of the Ultra-Violet light department for the Year, 1933.

A total of 96 patients received treatment by Ultra-Violet rays as follows:—

General irradiation	...	...	...	...	...	46	} Total 96 patients.
Local irradiation	...	...	...	...	...	48	
Local and general	...	...	...	...	...	2	
Number of patients who completed treatment	...	...	...	...	...	50	
Number of patients who left prematurely	...	...	...	...	...	15	
Number of patients who continue treatment	...	...	...	...	...	31	

Patients with pulmonary involvement:—

Sputum positive for T.B.	...	...	...	...	...	...	20
Sputum negative for T.B.	...	...	...	...	...	...	42

Patients with no pulmonary involvement 34

RESULTS OF TREATMENT.

	Total	T.B. +	T.B. -	Non-pulmonary
Cured or much improved	58	16	19	23
Moderately, or only slightly improved	25	5	8	12
In statu quo	8	4	3	1
Worse or dead	5	1	2	2
Number treated for tuberculous lesions	...	...	...	72
Number treated for non- tuberculous lesions	...	...	...	24

Tuberculous lesions treated:—

Abdominal (mesenteric glands, peritonitis, enteritis, etc.)	...	...	34
Cervical adenitis	...	...	12
Bones and joints	...	...	17
Skin (lupus)	...	...	4
Subcutaneous abscesses	...	...	5

Non-tuberculous lesions:—

Skin conditions (acne, etc.)	...	...	5
Arthritis	...	...	3
Fibrositis (including sciatica)	...	...	16

Tuberculous cases:—

- 34 *Abdominal cases.* The majority were cured, quiescent, or much improved. (20).
 5 were slightly improved (3 are still under treatment, two took their own discharge).
 5 cases of chronic diarrhoea in advanced cases of pulmonary disease, and 1 without pulmonary disease, did not benefit. Three cases went out in statu quo.

12 cases of *Cervical adenitis*. 9 were cured, quiescent, or much improved, and still under treatment. One was discharged and one took his own discharge in both cases without improvement, and one patient took his own discharge slightly improved.

17 cases of *bone and joint disease*. 7 were cured, or improving and still under treatment. 6 showed slight improvement (Two took their own discharge), 4 were worse.

No benefit could be expected in one case of spinal disease with abscess, and two cases of hip and pelvic disease.

Skin cases.

1 case of lupus of nose went out improved, not quiescent.

1 case of lupus of neck went out improved.

1 case of lupus of face was cured.

1 case of lupus of nose in statu quo.

5 cases of *subcutaneous abscesses*. Three were cured, 1 much improved, 1 became worse.

Non-tuberculous lesions :—

5 *skin cases*.—1 case of acne much improved.

1 case of acne showed slight improvement.

1 case of chronic eczema of legs. Much improved. (Patient discharged for disobedience).

1 case of alopecia derived some benefit.

1 case of psoriasis much improved (took his own discharge).

16 cases of *fibrositis*. 8 cured; 6 relieved; 1 worse generally; 1 slightly better.

3 cases of *chronic arthritis*. 1 some improvement; 1 in statu quo; 1 worse (left owing to cold).

Total attendances:— 3,054. Average for each patient 32.

Total hours of irradiation:— 896. Average per patient 93.

Conclusion.—Ultra-Violet Light Therapy is important in the treatment of tuberculosis of the abdomen, glands, and bone and joint disease if these cases are treated at an early stage of the disease.

ELDWICK SANATORIUM.

Dr. Margaret Sharp, Medical Superintendent, reports :—

69 children were discharged during the year, 47 of these being reported as “quiescent.” The numbers were affected by the closure of the Sanatorium at the beginning of the year, owing to an epidemic of streptococcal throats.

Dental inspection was carried out in all cases, and almost all required treatment; the presence of a number of obviously carious teeth being still the rule. Tonsils and adenoids were removed in 15 cases, all being obviously unhealthy and many having repeated attacks of tonsillitis, but in only two was the general improvement such as to suggest they had been the chief cause of trouble. Cervical glands were removed in two cases at Bingley Hospital.

X-Ray Examination. Only 13 skiagrams were taken during residence in the Sanatorium, all for purposes of diagnosis. In 40 cases they had been taken previous to admission.

Ultra-Violet Ray Treatment. 26 children were treated by the carbon arc lamp, 7 by the mercury vapour lamp and 7 by both (40 in all). In 32 of these the general result was very satisfactory, but in only 11 of them could it be definitely stated that improvement not previously being obtained was due to the light. In no case was there any permanent ill result from the treatment, it always being found possible to continue it by altering the type of lamp or the dosage. I am of the opinion that better results might be obtained by increased dosage, especially in the gland cases. We find that exposures totalling more than one hour a day tend to do harm by producing weariness. We tried the effect of using stronger carbons and shorter times, but abandoned it on account of the disadvantages of the greater heat. We are now increasing the dose by bringing the children nearer the lamp when they have reached 30 minutes exposures, with satisfactory results.

To provide adequate treatment for cases which require the attention of a skilled surgeon, arrangements have been made for their admission to the Bingley Cottage Hospital, where examinations will be made and if necessary, operative treatment given. The arrangements include the daily supervision of patients by the senior practitioner on the staff of the Hospital and his services to attend any emergency call in the absence of Dr. Sharp.

The following table shows the immediate results of the 69 children discharged as tuberculous during the year.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment.				Total
		Under 3 months	3-6 months	6-12 months	Over 12 months	
Pulmonary Class T.B. Minus	Quiescent	1	12	8	—	21
	Not Quiescent	3	4	3	—	10
	Died	—	—	—	—	—
Bones and Joints	Quiescent	—	1	1	1	3
	Not Quiescent	—	—	1	—	1
	Died	—	—	—	—	—
Abdomen	Quiescent	—	3	2	1	6
	Not Quiescent	1	—	3	—	4
	Died	—	—	—	—	—
Other Organs	Quiescent	1	2	—	—	3
	Not Quiescent	—	1	—	—	1
	Died	—	—	—	—	—
Peripheral Glands	Quiescent	1	10	3	—	14
	Not Quiescent	1	3	2	—	6
	Died	—	—	—	—	—
Totals ...		8	36	23	2	69

CARDIGAN SANATORIUM.

Dr. J. Wood Wilson, Assistant Medical Officer, reports :—

During the year, 158 female patients, all but one being adults, were admitted to Cardigan Sanatorium and were classified as follows :—

Pulmonary Cases :—

Class T.B. minus	...	...	...	...	...	...	...	...	89
Class T.B. plus.	Group I.	...	...	...	...	...	...	...	6
" "	" II.	...	...	...	...	...	...	...	43
" "	" III.	...	...	...	...	...	...	...	15
For observation	...	...	...	...	...	...	...	...	1

Non-Pulmonary Cases	4
---------------------	-----	-----	-----	-----	-----	-----	-----	-----	---

The only patient admitted for observation as a suspected case of pulmonary tuberculosis was retained for treatment as a definite case.

The number of cases with tubercle bacilli in their sputum was 64, or 40·5% of all admissions, as against 52 and 43% during 1932.

Seven patients died in the Sanatorium during the year: six of pulmonary tuberculosis and one tuberculous meningitis with pulmonary tuberculosis.

In suitable cases routine treatment has been assisted by other measures such as operation, artificial pneumothorax and injection of gold salts.

Operative Treatment.

L.L., Pul. T.B. plus, Gr. 3. This patient was seen by Mr Moir, had a rib resection in January, 1932 for a Pyo-pneumothorax following pneumonia in 1931. Her general condition did not improve and she was removed home by her parents in June, 1933 and died shortly afterwards. An advanced case from the beginning.

Mrs. J., Pul. T.B. neg. Suspected tuberculous peritonitis. This patient was seen by Mr. Moir and discharged in November in order to have an operation for pyonephrosis from her local hospital.

I.L., Pul. T.B. neg. Suspected tuberculous peritonitis. Patient developed acute appendicitis which necessitated her removal to Clayton Hospital, Wakefield on 31st August, where Appendicectomy was performed.

Artificial Pneumothorax Treatment.

Inductions. During the year 16 patients were selected as being suitable for this treatment and in 14 primary induction or artificial pneumothorax was successfully performed. Ten of the fourteen cases in which an artificial pneumothorax was successfully induced were still having this treatment continued at the end of the year, or at the date of their discharge. One case was abandoned owing to unsatisfactory collapse of the lung: two owing to no improvement in their general condition, and one owing to formation of fluid.

In addition to these new cases, six out-patients who had an artificial pneumothorax induced previously to 1933 or in other Sanatoria, received refills at Cardigan Sanatorium for variable periods.

Three female patients attended the Sanatorium as out-patients for refills at regular intervals, and four male patients on one occasion each when treatment was not available at Batley.

The number of refills to artificial pneumothorax given at the Sanatorium during the year was approximately 200.

Injection of Gold Salts.

Twenty-six patients were given injections of Sanocrysin during the year. Eight patients received a full course of approximately 5 grms. and of these six were much improved and two improved. Three took their own discharge from Sanatorium before the treatment was completed and five were improving under treatment at the end of the year. Treatment was stopped in the remaining ten patients for the following reasons:—No improvement, 5; Gastro-intestinal symptoms, 2; Rash, 2; Albuminuria, 1.

In addition to Sanocrysin which has been used throughout the year, "gold" treatment has also been given by means of Solganal "B" Oleosum.

Summary: Solganal "B" Oleosum causes less febrile disturbance than Sanocrysin but is prone to start gastro-intestinal complications.

A comparison can not be made between the two preparations at this stage regarding their final results as no patient has yet received a full course of injections.

Other things being equal, the fact that Solganal is given intramuscularly may on occasion make it more advantageous to use than Sanocrysin which is injected directly into the blood stream.

The number of cases in both series is too small for definite conclusions to be drawn.

Occupational Therapy.

Four hours instruction has been given every week during the winter months in leather work, needlework, and raffia work. Unfortunately, owing to illness, Mrs. Crowe (instructress), was prevented from giving instruction from October to December.

Radiography.

72 patients were X-Rayed at Batley during the year. The number is less than in the previous year, and this is probably due to a larger number of patients being X-Rayed immediately prior to admission. The X-Ray report and the film, if necessary, are available for use at the Sanatorium.

Patients undergoing Artificial pneumothorax treatment were also screened at Batley.

Dental Treatment.

Facilities for dental treatment were again available and 13 patients benefited under the scheme: three patients had artificial dentures provided.

Provision of Clothing.

39 grants were made under the scheme for the provision of clothing to patients in institutions.

Cardigan Sanatorium.

The following table shows the immediate results of treatment of patients discharged with tuberculosis in 1933:—

Classification on Admission	Condition at time of discharge.	Period of Residence				Total
		Under 3 months	3/6 months	6/12 months	Over 12 months	
Pulmonary Class	Quiescent	29	33	8	—	70
T.B. Minus	Not quiescent	11	4	3	—	18
Class	Died	1	—	—	—	1
T.B. plus Group I.	Quiescent	1	3	—	—	4
Group II.	Not quiescent	5	1	—	—	6
Class	Died	—	—	—	—	—
T.B. plus Group II.	Quiescent	2	10	8	1	21
Group III.	Not quiescent	6	2	1	1	10
Class	Died	—	—	—	—	—
T.B. plus Group III.	Quiescent	—	—	1	—	1
Non-Pulmonary	Not quiescent	3	4	3	1	11
Abdomen	Died	3	3	—	—	6
Other Organs	Quiescent	2	3	—	—	5
Peripheral glands	Not quiescent	—	—	—	—	—
	Died	—	—	—	—	—
	Quiescent	—	1	—	—	1
	Not quiescent	—	—	—	—	—
	Died	—	—	—	—	—
	Quiescent	1	—	—	—	1
	Not quiescent	2	1	—	—	3
	Died	—	—	—	—	—
		66	65	24	3	158

CROOKHILL HALL RECEIVING HOME.

Dr. V. Ryan, Medical Superintendent, reports:—

During the year, 88 patients were admitted for treatment and observation, classified as follows:—

Class T.B. minus	...	...	...	...	...	...	...	26
„ T.B. plus Group I	...	...	...	...	...	...	...	4
„ II	...	...	...	...	...	...	...	18
„ III	...	...	...	...	...	...	...	39
For observation	...	...	...	...	...	...	...	1

During the year 1933, Crookhill Hall continued to fulfil its chief function as a place for the segregation and treatment of male patients suffering from advanced Pulmonary Tuberculosis.

As pointed out in the previous year's report, there were certain disadvantages in using the 40 beds solely for advanced cases. The practice of admitting a number of early and intermediate cases was followed up in 1933, and these cases formed 50% of the total. Compared with 1932, then, the number of advanced cases in residence was further decreased, and the deaths occurring in the Home considerably reduced, the number being 18, as against 24 in the year 1932.

Considering the deaths, slightly over half took place within three months of admission. With the exception of a few acute cases, the patients who died were re-admissions, and were sent back for the purposes of segregation and treatment. The latter, of course, was purely palliative, and none the less important for that. Complications such as laryngeal and intestinal ulceration require skilled medical treatment, and attentive nursing, which is impossible to provide in the patients' homes. From this aspect alone, the re-admission of advanced cases seems justified, and the need for the existence of the Institution warranted.

Treatment with curative intent, was employed in a number of patients. Eight patients were referred to Mr. Moir for Surgical treatment. Four patients had Artificial Pneumothorax induced, and two others had Pneumothorax tried, but adherent pleura prevented successful induction, while previously existing Pneumothorax was maintained in three cases. In addition, two cases of Tuberculous Pyopneumothorax required frequent aspirations, and lavage of the pleural cavity. Eleven patients had one or more courses of Gold compounds, and two had courses of Tuberculin and Vaccine.

Refills were given to three cases, who are maintaining good progress.

The type of Gold administered was either Sanoerysin or Crisalbine by the intravenous method, or the oily Emulsion known as Solganol B. Oleosum, given intramuscularly.

The most suitable case for Gold treatment, seems to be the exudative type of recent origin.

The following table gives the immediate results of tuberculous patients discharged during the year:—

Sanatorium Discharges, 1933.

Classification on Admission	Condition at time of discharge	Period of Residence				Total.
		Under 3 months	3-6 months	6-12 months	Over 12 months	
Class T.B. minus	Quiescent	2	10	9	1	22
	Not quiescent	4	1	—	—	5
	Died	2	—	1	—	3
Class T.B. plus Group I.	Quiescent	1	4	1	—	6
	Not quiescent	—	—	—	—	—
	Died	1	1	—	—	2
Class T.B. plus Group II.	Quiescent	—	2	2	—	4
	Not quiescent	—	2	1	—	3
	Died	—	—	—	—	—
Class T.B. plus Group III.	Quiescent	1	1	1	—	3
	Not quiescent	6	9	10	1	26
	Died	8	2	1	2	13
T.B. Abdomen	Quiescent	—	—	—	—	—
	Not quiescent	1	—	—	—	1
	Died	—	—	—	—	—
Total ...		26	32	26	4	88

One patient admitted for observation, was discharged as non-tuberculous.

MITCHELL MEMORIAL HOME.

Dr. Sproat reports:—

During the year 68 cases were admitted for treatment as follows:—

T.B. minus	55
T.B. plus Group I	2
“ “ II	8
“ “ III	3

The following table shows the condition of the patients on discharge:—

Sanatorium Discharges, 1933.

Classification on admission	Condition at time of discharge	Duration of Treatment in Institution				Total
		Under 3 months	3-6 months	6-12 months	More than 12 months	
Class T.B. minus	Quiescent	8	15	6	—	29
	Not Quiescent	5	4	2	—	11
	Died	—	1	—	—	1
Class T.B. plus Group I.	Quiescent	—	—	1	—	1
	Not Quiescent	1	—	—	—	1
	Died	—	—	—	—	—
Class T.B. plus Group II.	Quiescent	—	1	2	1	4
	Not Quiescent	3	2	—	—	5
	Died	1	—	—	—	1
Class T.B. plus Group III.	Quiescent	—	1	1	—	2
	Not Quiescent	—	3	3	2	8
	Died	2	—	1	—	3
Totals		20	27	16	3	66

During the year the Mitchell Memorial Home has been used more or less for the reception of the chronic fibrotic type of case where treatment consists principally of rest and graduated exercise. Of the cases admitted only a very small proportion had a positive sputum. No cases were treated with Artificial Pneumothorax or Sanocrysin: suitable cases on being discovered were removed to Middleton or Crookhill Hall institutions.

For 1933 the results of treatment were on the whole satisfactory. The majority were benefited in a greater or less degree as shewn by gain in weight and capacity for exercise and work.

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COUNTY COUNCIL OF THE WEST RIDING OF YORKSHIRE.

TWENTY-SIXTH
ANNUAL REPORT

OF THE

School Medical Officer,

ON THE

Medical Inspection and Treatment of
School Children,

For the Year ended 31st December, 1933.



*(Presented to the Child
Welfare Sub-Committee
May 9th - 1934)*

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SUMMARY OF WORK.

A.—Medical Officers at Schools.

Routine Inspections at Elementary Schools	65759
Routine Inspections at Secondary Schools	...	...	...	...	...	...	6099
Special Inspections at Elementary Schools	...	...	...	...	...	...	14416
Special Inspections at Secondary Schools	...	...	...	...	...	...	1005
Re-inspections at Elementary Schools	...	...	...	...	...	...	20701
Re-inspections at Secondary Schools	...	...	...	...	...	...	880

B.—Medical Officers at Clinics.

Inspections at Clinics (including Specialist Clinics)	26665
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C.—Dental Officers.

Routine Inspections at Schools	67103
Special Inspections at Schools	1462
Attendances for Treatment at Clinics	...	...	...	...	...	...	...	31406

D.—School Nurses and Health Visitors.

Visits to Schools	...	...	...	...	...	...	...	...	8509
Examinations (including Cleanliness Inspections in Schools)	...	...	...	...	...	...	...	...	470829
Visits to Homes	...	...	...	...	...	...	...	...	33188

E.—School Clinics.

Number of Minor Ailments Treated	...	...	...	...	...	...	...	48983
Total Number of Attendances	...	...	...	...	...	...	...	139452

WEST RIDING EDUCATION COMMITTEE.

The Chairman of the County Council.

The Vice-Chairman of the County Council.

The Chairman of the Finance Committee.

ALDERMEN.

Armistead, J. H.	Grylls, R. M.	Tomlinson, T.
Brigg, J. J. (<i>Vice-Chairman</i>)	Jackson, Sir Percy (<i>Chairman</i>)	Turner, W. H.
Dewhirst, I. J.	Lane, J. W.	Unwin, Miss Hermione
Dunn, E.	Schofield, G.	Watson, T. C.
Foulstone, T. H.	Smith, Lady Mabel	

COUNCILLORS.

Allan, J. T.	Clough, W.	Page, A. J.
Archer, Rev. F.	Dyson, W. E.	Paling, W. T.
Bagnall, Capt. W. G.	Eddy, H.	Penlington, R. N.
Bevan, S. G.	Everatt, W. T.	Rickards, G. W.
Bowker, S.	Flavell, A.	Spence, T. F.
Brooks, T. J.	Hyman, W. M.	Taylor, E.
	Lightowler, R.	

ADDED MEMBERS.

Barran, Lady	Morris, Miss G.	Briggs, Wm.
Hazelip, Mrs. E.	Singleton, Mrs. M.	Baillie, Sir James
Hinchliffe, Miss Mabel	Smithies, Mrs. C. A.	Pickard-Cambridge, Dr. A. W.

CHILD WELFARE SUB-COMMITTEE.

Consisting of 12 Members from the West Riding Education Committee and 12 Members from the West Riding Public Health and Housing Committee.

County Alderman G. Probert (Chairman).

County Alderman J. J. Brigg.	County Councillor Captain W. G. Bagnall
„ „ Sir Percy Jackson, LL.D.	„ „ S. G. Bevan.
„ „ J. W. Lane.	„ „ W. T. Everatt.
„ „ G. Schofield.	„ „ N. Goodall.
„ „ T. Tomlinson.	„ „ C. Kaye.
„ „ W. H. Turner.	„ „ J. W. Simpson.
„ „ Miss Hermione Unwin.	Miss M. Hinchliffe (Vice-Chairman)
County Councillor J. T. Allan.	Miss G. Morris.
„ „ Mrs. E. M. E. Atkinson.	Mrs. M. Singleton.

STAFF.

School Medical Officer and County Medical Officer—T. N. V. Potts, M.D., D.P.H.

Assistant School Medical Officer—Reginald Lawrence, M.D., D.P.H.

School Oculists.

Christina S. Stoddart, M.B. Hannah W. Murphy, M.B., D.P.H.
Claudius G. Kay Sharp, M.D. (part time).

School Medical Inspectors.

Centre										Name of Officer									
Skipton	...	...	...	...	...	...	...	...	...	James M. Anderson,	M.R.C.S.,	L.R.C.P.	...	...	...	...	...	...	...
Ilkley	...	...	...	...	...	...	...	...	...	Nora M. Allan,	M.B.	...	...	...	...	...	...	...	...
Harrogate	...	...	...	...	...	...	...	...	...	Josephine Coupland,	M.B.,	B.S.,	D.P.H.	...	...	...	...	...	...
Halifax	...	...	...	...	...	...	...	...	...	Janet Macmillan,	M.B.,	D.P.H.	...	...	...	...	...	...	...
Wakefield	...	...	...	...	...	...	...	...	...	Edward J. Tyrrell,	M.D.	...	...	...	...	...	...	...	...
Leeds	...	...	...	...	...	...	...	...	...	Margaret E. Peaker,	M.R.C.S.,	L.R.C.P.	...	...	...	...	...	...	...
Pontefract (East)	...	...	...	...	...	...	...	...	...	James W. Cairns,	M.D.,	D.P.H.,	...	...	...	...	...	...	...
Huddersfield	...	...	...	...	...	...	...	...	...	Annabella Rennie,	M.B.	...	...	...	...	...	...	...	...
Barnsley (West)	...	...	...	...	...	...	...	...	...	Jean V. Kirkwood,	M.B.,	D.P.H.	...	...	...	...	...	...	...
Pontefract (West)	...	...	...	...	...	...	...	...	...	Gertrude M. Mayhall,	L.R.C.P.,	M.R.C.S	...	...	...	...	...	...	...
Barnsley (East)	...	...	...	...	...	...	...	...	...	Aileen I. McMahon,	M.R.C.S.,	L.R.C.P.,	D.P.H.	...	...	...	...	...	...
Doncaster (West)	...	...	...	...	...	...	...	...	...	Bethia M. Newlands,	M.B.,	D.P.H.	...	...	...	...	...	...	...
Doncaster (East)	...	...	...	...	...	...	...	...	...	Duncan C. Rice,	M.B.	...	...	...	...	...	...	...	...
Sheffield	...	...	...	...	...	...	...	...	...	Stuart Lindsay,	M.B.	...	...	...	...	...	...	...	...
Rotherham (North)	...	...	...	...	...	...	...	...	...	Lilian R. Davy,	M.B.,	D.P.H.	...	...	...	...	...	...	...
Rotherham (South)	...	...	...	...	...	...	...	...	...	Rosie B. Becker,	M.B.,	D.P.H.	...	...	...	...	...	...	...

School Dentists.

Skipton	...	...	...	...	...	...	...	...	...	Oswald A. Long,	L.D.S.	...
Harrogate	...	...	...	...	...	...	...	...	...	Fred W. Buzza,	L.D.S.	...
Huddersfield	...	...	...	...	...	...	...	...	...	George Kilvington,	L.D.S.	...
Wakefield	...	...	...	...	...	...	...	...	...	Bernard R. Townend,	L.D.S.	...
Pontefract	...	...	...	...	...	...	...	...	...	Kevern Batten,	L.D.S.	...
Doncaster (East)	...	...	...	...	...	...	...	...	...	James M. Macdonald,	L.D.S.	...
Barnsley (West)	...	...	...	...	...	...	...	...	...	John Mackay,	L.D.S.	...
Barnsley (East)	...	...	...	...	...	...	...	...	...	Jeffrey Fletcher,	L.D.S.	...
Rotherham (South)	...	...	...	...	...	...	...	...	...	Joseph Jackson,	L.D.S.	...
Halifax	...	...	...	...	...	...	...	...	...	Irene Halsall,	L.D.S.	...
Rotherham (North)	...	...	...	...	...	...	...	...	...	Rachel Sclare,	L.D.S.	...
Sheffield	...	...	...	...	...	...	...	...	...	Jas. R. Wishart,	L.D.S.	...

School Nurses who assist School Dentists (Whole time)	...	...	...	...	...	...	...	...	...	12
School Nurses only (whole time)	...	...	...	...	...	...	...	...	...	6
School Nurses and Health Visitors (whole time)	...	...	...	...	...	...	...	...	...	112
School Nurses and Health Visitors employed by District Nursing Authorities	...	...	...	...	...	...	...	...	...	69
Clerical Staff, School Medical Inspection Section	...	...	...	...	...	...	...	...	...	6

REPORT
of the
SCHOOL MEDICAL OFFICER.
for the
Year ended 31st December, 1933.

The Report is planned according to the direction of the Board of Education's prescription but its proportions are varied according to the need of the occasion. It is the one opportunity of presenting a bird's eye view of the activities of the service and it seems reasonable and proper to give full details where necessary and to give adequate space to ensure that the report is readable and intelligible.

A valuable statement of the comparative expenditure of the English Counties has been drawn up by the County Accountants' Society and this shows that the West Riding County Council's School Medical Inspection service ranks *forty-second* from the top of the list. In as far as it indicates frugal and economic expenditure it is a matter for congratulation. It could only be fully interpreted however if opposite each County's expenditure was given a list of the services which that expenditure covers. And further it would be necessary to know the actual quality of the service apart from the mere enumeration of the branches of medical inspection.

The fluctuations of the school population have often been mentioned. The increasing population in the south-east of the county demands more school accommodation, while the diminishing population in the west releases school accommodation which cannot be transferred to where it is most needed. The total school population shows a slight decrease.

Staff changes are few, **Dr. Green** left to be married and her place was taken by **Dr. Becker**.

The work under the Blind Persons Act, for reasons enumerated in the last report, has increased. Not only are there more cases to be examined but the examination has been widened in scope, beyond the minimum requirements of the Act. This latter would be satisfied by a certificate stating that the patient was "so blind as to be unable to perform any work for which eyesight is essential," but the "Northern Counties Association for the Welfare of the Blind" and the "Prevention of Blindness Committee of the Union of Counties Association for the Blind" have wisely decided that the occasion of making these examinations (primarily for the purpose of certification) should be more fully utilised and that the results should yield something of permanent value. To that end an exhaustive schedule of enquiry has been drawn up to enable certifying ophthalmic surgeons to return information about blind persons which may, when arranged and analysed, give valuable information about the cause of blindness. This form of report, while not limiting the author in his description, will, if correctly made, give information on lines sufficiently uniform to serve for purposes of codification and comparison. It will also make the examination, interrogation of patient and relations, and the writing of the report, more arduous and prolonged. This has been recognised but has been considered to have outweighing advantages in the larger harvest of scientific value which is expected from the more comprehensive reports.

During the year the Blind Persons Act Committee was asked to contribute towards the salaries of the County Oculists on the basis of the time which they devoted to examinations under the Act. A sum of £500 was allotted for this work and by permission it was used to pay for additional temporary staff to help to overcome the arrears which had accumulated in the school work. Coincidentally with this **Dr. Sharp** resigned his whole-time appointment and was succeeded by **Dr. Hannah Wilson Murphy**. **Dr. Sharp** undertook part time work on behalf of the Education Committee.

The year 1933 has been chiefly eventful by the number of requests from Associations of Unemployed Workers writing to the District Sub-Committees asking that the Provision of Meals Act should be put into force. These are forwarded to the Education Department and thence to the School Medical Officer—resulting in a survey of the school children in the District. The results of these surveys are given in another section.

EXTENT OF AREA, NUMBER OF SCHOOLS, ETC. The West Riding Elementary Education Area comprises 1,589,393 acres, and includes 841 Public Elementary Schools or 1,189 Departments, and in December, 1933 there were 198,032 scholars on the roll.

For educational purposes this area is mapped out into 116 districts, in each of which there is a District Sub-Committee, and these again are grouped into 23 Divisions, each with a Divisional Clerk as local representative of the Education Authority.

2.—Co-ordination.

This is a perpetual care for every new development has to be fitted into the existing system. It is found that giving a nurse extra duties in connection with U.-V. ray treatment may lead to the shortage of attention to the rest of her work and small but not negligible adjustments have to be made in compensation. It is even possible that alterations made in the north of the county are followed by minor adjustments in the south.

The facilities provided by the Tuberculosis, Bacteriological and Pathological sections of the Department are constantly utilised for the benefit of the school children.

Physically defective children are supervised when at home by the School Medical Inspector in whose district they live.

The hospital scheme for the treatment of school children is mentioned elsewhere. Most hospitals now have Almoners in charge of the department which looks after surgical appliances, the question of discharge to suitable surroundings, and a large number of miscellaneous factors which influence the well-being of discharged patients. The greatest efforts are made to co-operate in this way and now cases which are awaiting discharge from hospital are treated as "Urgent" so that the hospitals shall be enabled to utilize their beds for the greatest number of patients.

Continued use is made of the register of trained masseurs in giving them work locally to save the patients and relatives spending long hours in obtaining treatment in hospital. The chief drawback to this practice is the want of liaison between the local masseur and the hospital staff by which the latter could give precise and explicit instructions. Nevertheless the existence of the register is a very useful aid in after treatment.

The fact that the same person is both Health Visitor and School Nurse has many advantages. It enables the Health Visitor to bring to the notice of the School Oculist children who need her services and it has been pointed out before that no hard and fast line is drawn between under-fives and over-fives. In rural country districts the School Dentists encourage the presentation of "under-fives" for inspection and give the necessary treatment.

3.—The School Medical Service in Relation to Public Elementary Schools.

School premises are surveyed by the School Medical Inspector on the conclusion of the inspection. Adverse criticisms of the sanitary arrangements are forwarded to the School Medical Officer and ultimately reach the District Sub-Committee or School Managers responsible for the school. The shortcomings to which attention is drawn are (1) structural; (2) functional and (3) misuse probably in inverse order of frequency. (1) There are a few schools where the sanitary arrangements are unsatisfactory even to the most indulgent judgment. (2) Occasionally there are complaints that the offices are not flushed sufficiently often and (3) more often they are not used as intended to be used and this entails increased work on the caretakers.

The practice of using preparations of oil for the purpose of allaying dust has been continued and extended. Teachers opinions as far as they have been "sampled" are to the effect that the practice does allay the dust and keeps it under greater control. The floors do not look so clean—in fact they are not clean because the oily preparation holds the dirt. They debar the infants from sitting on the floor for certain lessons.

I am informed that the disadvantages resulting from the use of dust allaying preparations were largely due to the improper use of them; but that as they are now used more skilfully these disadvantages are less, while the reduction of floating dust is not impaired.

Where these preparations are used the floors are specially cleaned once a month and then re-treated.

A considerable improvement in wall colouring is proceeding and the colours combine restfulness with brightness.

There are still too many obsolete materials cumbering the schools though here and there I learn that some of it has been overhauled and some (by authority) destroyed. The existence of unnecessary material greatly contributes to the collection of dust. It might well be overhauled at regular intervals and, if considered unnecessary, ruthlessly scrapped.

Ventilation often seems inefficient to a visitor immediately he enters a class room. Yet there are schools where an entirely different condition obtains:—the atmosphere seems fresh and invigorating and there is an absence of bodily smell. I am told that the parents of some children complain when the windows are wide open and a current of air sweeps through, and there is no doubt that children who are not too well fed do feel the loss of heat uncomfortably while in well-fed children this loss is made good by a quickened metabolism—to the great benefit of the child. This is the chief lesson of the open-air school.

The ventilation of cloak-rooms however is another matter. The smell of clothes, especially in damp weather, is nauseating and the clothes would be better and no one a bit worse if the windows of the cloak rooms were kept wide open.

4.—Medical Inspection.

The statistical tables provide an account of the number of children examined. The total examined during 1933 was 100,876, made up of 21,827 "entrants" 23,545 "intermediates," and 20,387 "leavers"; other inspections were 14,416 "specials" and 20,701 re-inspections. The figures in each group giving the defects found have varied very little from year to year. These are scrutinised carefully for this purpose and although it is disappointing to have to record no diminution it is pleasing to think of the value of bringing to notice defects which might otherwise have passed unnoticed.

5.—Findings of School Medical Inspection.

CLEANLINESS. The only really sound comparison is with the condition existing formerly. As **Dr. Macmillan** says: "It is only by trying to think back a few years with the intervening years and their gradations of progress cut out, that we realise how far we have come . . . The standard of cleanliness has been raised very considerably though this does not necessarily show itself in bare statistical returns." **Dr. Peaker**—a newcomer to the service—thinks "that considering the poor facilities in the homes the standard attained is good. Even when the average is raised higher we shall be dissatisfied with those below the average standard and continue to report cases of uncleanness." **Dr. Anderson** (Settle) says he finds "the cleanliness of school children in this area very satisfactory. Many of the verminous cases have proved to be those without maternal supervision."

CLOTHING continues to be unsatisfactory in the direction of overmuch rather than too little and this is due to the pernicious and ineradicable association of cold (a fall of temperature) and the common catarrhs. "I have not yet met with a case of under clothing, rather one is apt to find over clothing to be quite common, in fact I found a girl reputed to be a chronic bronchitic "stitched up for the winter in two large wash-leathers." (**Dr. Anderson**).

FOOTGEAR seems to be rather better. It is surprising when making mass inspections, *i.e.*, nutrition surveys, to find so many good serviceable pairs of boots. There are still many distressingly bad and some children are kept at home because, as the parents allege, they have no boots to wear. Clogs have made no headway as a popular wear. They can now be obtained with a rubber covering on the wooden sole and this mitigates their chief drawback on the social side—that they are noisy. The warmth and comfort of clogs can only be believed by those who have tried them.

CHILD GUIDANCE CLINICS do not exist in the West Riding and the sporadic demands for psychological specialists have been too few and too scattered to justify an *ad hoc* appointment. During the year the establishment of Remand Homes under the provisions of the Children and Young Persons Act, 1933, led to a conference of Education Authorities, such as County, County Borough and Non-County Boroughs (Pt. III Authorities) to consider how best to carry out this provision of the Act. As so many of the younger delinquents are children who are perhaps mentally retarded or misfits in rebellion against their surroundings they need examination and investigation by a psychologist. The question of appointing one was discussed but did not at the time get any further. It has at least put on record the existence of a problem and a necessity and may bear fruit later.

VISION. The staff changes of the County Oculists have been mentioned previously. A considerable increase in the amount of work is recorded. The total number of children submitted for "refraction" has been increased from 6,531 to 8,370 and the bulk of the increase is due to the refractions done under the Authority's Scheme. The number of children who received spectacles under the authority's scheme was rather less than in the previous year. The increase in the number submitted to refraction is largely due to the adoption of a higher standard of visual acuity and consequently finding an increase in the numbers who do not attain that standard.

The enquiry by **Drs. Newlands** and **Stoddart** as to how far the subjective testing of the vision of young children was reliable was interrupted first by the absence of the former and later by the illness of the latter. It is hoped to continue it at a later date. The special treatment of squinting children continues at the Sowerby Bridge Clinic, and several cases shown to me are claimed as having made great progress in visual acuity and towards good binocular vision.

NUTRITION. The subject of nutrition is the central feature of child life. No one has given a definition of nutrition which covers all its aspects, but that is not really necessary. Neither is the height-weight ratio more than a guide, unless it deviates considerably from the average, but it is a useful pointer indicating the need for clinical enquiry. Malnutrition is a clinical condition and may manifest itself in several ways and these may not all be of the same value and in different children the manifestations may be different.

The request for a special examination of school children in different districts, to determine their need for free meals, has led to a great amount of time—actually one-fifth of a medical inspector's year—being given to this special enquiry. The medical staff engaged in inspection is always concerned about the state of nutrition of school children and is constantly engaged in scrutinizing the children from this angle and prescribing milk for those who are unsatisfactory. The revision of these lists of "free milk" children usually results in additions being made to them. Strict logic would require that children who have been receiving milk and, having improved thereby have reached a satisfactory state, should be removed from the lists, but a policy more generous than strict logic dictates has been adopted by which it is assumed that the original conditions leading to the child's unsatisfactory nutrition are still continuing and that the withdrawal of the milk ration would lead to the child's deterioration. In short the prescription of milk ration which was given in the first instance as a curative measure is retained as a preventive measure unless it is certain that home conditions have so much changed for the better that the milk ration is no longer necessary.

The ascertainment of malnutrition continues to be made on clinical grounds without the addition of weighing and measuring. There is a consensus of opinion that the Quetelet formula $\frac{100 \text{ weight}}{\text{height}^2}$ is the most reliable index but not significant even when 10% below the standard

without clinical signs of malnutrition. The Quetelet standard is said to check the personal factor but our practice is to work over the children by two or more people from time to time to see that there is no serious deviation from the received standards. In fact when one officer demonstrated the method to a sub-committee of the Education Committee after a colleague had made her selection, the committee was astounded at the close agreement of the two selections made by two people independently. This procedure therefore minimises, if it does not entirely remove, the personal factor in selection.

The mode of selection has been mentioned before in reports to the Canteen Sub-Committee. A class is paraded and all the robust sturdy children, of good proportion, healthy appearance and good carriage are dismissed from further consideration as satisfactory. The remainder are retained for closer scrutiny and will contain individuals who look "pinched" (especially if the parade is held out of doors in cold weather) and "peaky"—thin children, some with flabby muscles as shown by their posture, their lack of tone and by the actual feel of muscles. Some may be anæmic and some listless.

It is usual to ask the teacher to co-operate by pointing out any who may have deteriorated in work or play. It has been the experience of most that it is impossible to pick out children whose deteriorating work has led to the discovery of actual malnutrition. One or more of these signs may be present in any child and lead to his classification as unsatisfactory.

The few who have been found worse than this, combining a slight degree of emaciation together with anæmia, apathy, and loss of muscular tone, have been classified as definitely ill-nourished.

The children classified as "unsatisfactory" have been put on the "Milk List" and for the few who were "ill-nourished" other provision was made. The parents of some of the "unsatisfactory" children have been annoyed and affronted by the selection of their children to receive milk and the implied criticism, and some have refused it for their children. From this it is fairly deduced that either the parents consider their children to be satisfactory and not in need of milk or to be indifferent to their children's welfare. It is not without significance that one School Medical Inspector (**Dr. McMahan**) writes; "The number of children requiring milk in each individual school does not appear to vary appreciably as each list is reviewed and does not seem to bear much relation to the amount of work to be obtained in the immediate neighbourhood; it seems that the proportion is highest in schools where the clothing and general cleanliness standard is lowest. Very few cases of malnutrition appear due to underfeeding but on investigation the children with the poorest physique belong to homes where they are pampered and allowed to eat just the things they like or homes where 'mothercraft' is poor.

Dr. Lindsay writes "Although unemployment in the greater part of this area is still very high, definite cases of malnutrition are very few. Borderline cases (*i.e.*, those classed as "unsatisfactory"—*see ante*) are many and the numbers on the milk registers show an upward tendency."

The selection of unsatisfactory and ill-nourished children, with the presentation of their numbers and percentages, gives only a partial picture of the general nutrition of the school population. The other aspect of the picture is the number of children of superior nutrition. There are in every elementary school (with a few exceptions) a number of children who might be selected on account of their appearance of superb health and splendid physique. This is particularly noticeable among the girls and especially the girls of from 12 to 14. These when grouped together might be matched, but would not be surpassed, by any similar selection made from their co-evals in a secondary school. There are generally more of these in any class than "unsatisfactory" ones.

This feature is not quite so pronounced among the boys, but with this slight qualification it holds good among the boys as well as among the girls. Examples may be taken from schools in colliery districts where work has been bad for some years—the group photographs of the school cricket elevens would not disgrace a Public School.

To summarise the situation:—the bulk of the children may be said to be in a reasonable condition of well-being and while a number at one end of the scale are of outstanding excellence at the other end is an equal or perhaps smaller number who are unsatisfactory or even show unmistakable signs of malnutrition. There is ground for both congratulation and apprehension in this and if the question were asked "Is the average standard as high as it might be?" the answer is that "it is capable of improvement." It must be remembered that the children are only under the care of the Education Committee for $5\frac{1}{2}$ hours on 5 days of the week. Most of the hindrances to improvement in nutrition are in their out-of-school life. All the school medical inspectors and most head teachers consulted agree that children are out till late at night. Again head teachers will quote instances of having sent a child to enquire why another child living nearby is not at school and the explanation is that the child (and its mother) is still in bed. **Dr. Allan** says: "The conflict against the want of sufficient sleep still continues and one can just hope that an occasional stray seed may take root and bear fruit. Many of the mothers and the children themselves regard the advice 'early to bed' as a splendid 'joke.'"

Providential and sick benefit clubs insist that those who are receiving benefits should be indoors by eight o'clock. If the same condition attached rigidly to the allowance of "free milk" its value would be greatly enhanced.

The following are the investigations specially made and recorded:—

District.	No. examined	No. suffering from malnutrition	No. not entirely satisfactory
Moorends	870	—	40
Upton	473	1	33
Rawmarsh	1130	—	133
Featherstone	481	2	76
Normanton	1568	1	49
Rawmarsh (2nd visit)	3382	—	250
Worsborough	1584	1	103
Wombwell	3039	21	153
Mexborough	2707	—	158
Thurnscoe	2783	—	144
Grimethorpe	746	—	74
Heckmondwike	830	2	39
Bentley	4888	—	407

The question of height was mentioned a few years ago in connection with a certain mining area, where the children were considered to be a little under height (and weight) without clinical signs of malnutrition. This was adverted to last year, and this year **Dr. McMahon** refers to the subject:—"Most infants under average weight, proportionately short and appear to have parents "of small stature."

Dr. Magee, of the Ministry of Health, made two visits to the County in the latter part of the year to study Nutrition. The figures of various surveys were submitted to him and the methods of selection and standards of nutrition that were considered to be unsatisfactory or indicative of actual malnutrition respectively.

An attempt was made by two school nurses to obtain, under his direction, a few actual dietaries and the actual amounts expended in food by typical families. In brief, the scheme was to take stock of the food in the house at the beginning of the period (*i.e.*, a fortnight), secure an account of all food bought during the fortnight and take stock again of all the food in the house at the end of the fortnight. From those data it would be possible to calculate the amount of food consumed in the fortnight and its cost.

Unfortunately a number of people were so imbued with the belief that the enquiry had something to do with scales of "relief" that the results were nearly valueless owing to their manifest unreliability.

One nurse sums up her views as follows:—"The main square meal of the day is cooked "for the workers at times of the day when the children are at school; wages will not allow two or "three cooked meals a day; breakfast, tea and supper are just snacks of bread and dripping, jam, "or margarine. Children have make-shift dinners, when, if father leaves any, they have it warmed "up."

In 1921 (there was a prolonged 'coal stoppage' that year) children suffering from anæmia and malnutrition were excluded from school by a school medical inspector so that they might be about the home when food was being served and they could have their share. The doctor found that as a sequel to this the children gained in weight and their general condition was toned up to his satisfaction.

It is impossible to carry out surveys of this description without reaching interesting results. One of the first will be to notice that the number of "unsatisfactory" boys and girls will be largest about the intermediate age group 7—9 years; at this age they are just completing a spurt in growth and it is quite possible that growth in stature has taken place at the expense of general nutrition.

A comparison of parallel classes labelled A and B and occasionally C is of even greater interest. These divisions of children of roughly the same chronological age into two or more classes is made on the strength of an estimate of their native ability. This is, in individual cases a very difficult matter—and judgment is specially liable to be fallible, yet when a class of 40-45 is taken there would be no doubt that the mental level of the A class is higher than that of the B class, *i.e.*, the average of A is higher than that of B.

On inspecting the school it is often possible to point out B classes by their inferior nutrition—there will be a general lower level throughout together with an increased number coming in to the group of "unsatisfactory" children.

A conference was called of Medical Officers of Centres, Medical Officers of Health, School Medical Inspectors, Health Visitors, School Nurses and others interested in the subject to hear **Dr. Magee** of the Ministry of Health lecture on the subject of Nutrition. A knowledge of what to look for in the early stage of malnutrition would give greater precision to the methods of selection of those children who should have the milk ration daily. We may take it that actual loss of weight where a child has begun to live on its own storage of fat, is one of the latest signs. The following views have been mentioned from time to time.

(1) Some teachers who have been interested in the subject and have paid special attention to school children during "strikes" or "lockouts" have considered that the first sign is a loss of that "boisterous, coltishness" which a well-fed boy so often displays; that there is a tendency to give up the prodigal expenditure of energy and to be much quieter and more conservative in this respect.

(2) In the summer of 1921—which was very fine, there was a stoppage in coal getting. **Dr. Tyrrell** found a number of children in Grimethorpe and Bentley who appeared normal or at least not better or worse nourished than their contemporaries, but their parents said that they could not see distinctly in the dusk and that they groped their way about. This was nyctalopia or night-blindness. Some of the children in addition had Xerosis Conjunctivæ—or dryness of the conjunctiva. Enquiries showed that the children were living on bread, margarine and tea, with occasional jam. The condition is a deficiency disease due to lack of Vitamin A. They all recovered when given green vegetables and butter with or without cod-liver oil.

(3) A certain number of children are definitely anæmic. Anæmia occurring in children is undoubtedly a deficiency disease. It is difficult to picture a diet which does not contain iron except a purely milk diet. It is certain that anæmia in babies is due to this cause and iron has been added to milk with success in curing this condition. More recently it has been discovered that its activity is due to copper contained as an impurity in the iron. Anæmia however occurs in a small percentage of poorly nourished children and even in some who have a good covering of fat. It is not therefore a reliable sign.

(4) Cessation of growth. Prof. Harris ("Bone Growth in Health and Disease") has shown how conditions interfering with the health of a child cause cessation of growth which is shown by X-ray pictures of the bone almost as clearly as the growth of a tree is demonstrated by its rings. The growth of a child is very slow and this method of study is not available. It is however certain that shortage of protein leads to lack of growth and is sometimes accompanied by loss of appetite. (The whole subject is excellently discussed by Prof. Harris in the "Report of the Consultative Committee on Infant and Nursery Schools" Appendix II.).

(5) Those whose interests are focussed primarily on Tuberculosis would say that in their experience the earliest sign was the ready onset of fatigue and the inadequate recovery after rest. This is usually attributed to absorption of toxins.

Teachers have been questioned during the "nutrition survey" about "lack of concentration" but have not noticed it, or having been asked the question on short notice have not been able to point out any children who in their opinion were falling off in their work on account of lack of food. It is known that mental activities use up so little caloric value—brain work in fact does not appreciably increase bodily waste—as not to be calculable. But on the other hand a child lacking adequate and proper food might well be in a depressed condition and not enter with zest into school work.

In watching the children at play there does not seem to be any lack of energy. The number of children who "creep about" the playground avoiding the more boisterous groups and participating very little in play is very small and their non-participation may be due to timidity or shyness. The spontaneous manifestation of muscular energy is in my opinion the best certificate of well being. If I see a girl in the interval of fielding at rounders doing a *pas-seul* Pavlova-like, I feel satisfied about her health even though she may be lanky or possibly pale as well. So too when a couple of boys bored by fielding at cricket get together and have a short spell of boxing, the captain might deplore this slackness but I, as an official responsible for the communal health, should rejoice to see these signs of buoyant health.

TONSILS AND ADENOIDS. The number of cases of Tonsils and Adenoids noted as unquestionably requiring treatment or probationary observation remains remarkably constant. There is a slight fall in the number referred for treatment which is a little more than is accounted for by the slight drop in the total number of children examined at routine medical inspection. The Ray Committee commented on the number referred for treatment (not in the West Riding but throughout the country) and their report was circulated to school medical inspectors for consideration. It does not appear—from the steadiness of the percentage of cases considered to require treatment—that the medical staff have been other than cautiously judicious in making the selection. The proportion of less than 2 recommended for treatment to 5 to be kept under observation displays a sound conservatism.

During 1933 the medical inspection staff made, by request, a special study of those children who had been treated in hospital under the County's scheme for hospital treatment. Though this scheme includes the treatment of ear disease, *i.e.*, middle ear suppuration and mastoid

disease and the correction of squint, practically all the operations undertaken are for the removal of tonsils and adenoids. The aim of the enquiry was to learn to what extent this scheme was successful.

Tonsils are seldom so enlarged as to obstruct breathing. If breathing is obstructed it is usually by the presence of adenoids, a deflected nasal septum, a condition of nasal catarrh, a polypus or thickening of the lining membrane. But enlarged tonsils are often the seat of repeated inflammation and the site of septic absorption. If a child with enlarged tonsils gets diphtheria or scarlet fever it usually has it badly owing to the large area from which toxic absorption takes place. A moderate enlargement of the tonsils is never in itself considered a sufficient reason to advise operative treatment for removal.

Obstruction to breathing with deafness, frequent colds, persistent nasal catarrh and sometimes discharge from the ear are the grounds for the removal of adenoids.

The hospitals to which the children are sent are those included in the County's scheme with one exception. The technique adopted in the removal of tonsils is probably not uniform, as, at the moment, opinion seems to be that in adults the tonsil should be dissected out, and in children it may be dissected out or the greater part sliced off with a guillotine. There is greater uniformity in the method of removal of adenoids. The operative work is done by the honorary surgeons in the Nose and Throat Department or by the resident surgical officers or by general practitioners on the staff of smaller hospitals.

There is a consensus of opinion among the medical inspectors that the operation is well done and achieves considerable success in its aims. The immediate and remote results are very satisfactory. There are various minor qualifications. **Dr. Allan** says: "It has been my experience "that, when the methods of enucleation or dissection have been carried out the results are satisfactory, but when the older methods are used the results are very poor, only a small piece of "tissue having been snipped." **Dr. Peaker** sees "odd cases which do not benefit by the operation and occasionally 'tags' are left behind, but these cases are particularly rare." **Dr. Newlands** writes: "All the cases that I have seen treated . . . under the W.R.C.C. Hospital treatment scheme have been adequately done, complete enucleation of the tonsils having "been performed. Remote results of the actual operation have therefore been satisfactory. In a "few cases adenoids have recurred."

With regard to the remote results, **Dr. McMahon** finds that a small proportion "operated "upon 2 or 3 years ago are again requiring treatment and have acquired distorted uvulas." One opinion slightly tinged with malice is "The removal of tonsils and adenoids . . . is so "thoroughly done that in 70% of the cases no trace of the uvula can be seen afterwards. Apart "from this . . . the remote results in 90% of the cases are excellent. The children no "longer suffer from a constant succession of colds and tonsillitis; their general health improves "and they become brighter mentally."

Dr. Coupland's view is that she can only recall two or three cases where the removal of tonsils or adenoids was incomplete and these operations had been carried out in nursing homes, and she goes on to say that "cases of persistent nasal catarrh not cured, despite efficient removal "of enlarged tonsils and adenoids, have been sent for further investigation by the family doctor "and throat surgeon and have had treatment for nasal sinus trouble or other intra-nasal defect. "Such treatment has been effective in producing relief if not actual cure."

Dr. McMahon considers that "Mouth breathing only appears to be cured when the operation is performed early *i.e.*, before about 5—7 years." The acquisition of nasal breathing is in many cases only acquired by persistent practice. This is one of the problems of treatment:— to secure regular practice in nasal breathing till it is done automatically.

As a cure for discharging ears the value of the operation is doubtful. Although middle ear disease may arise by direct spread of unhealthy conditions from the back of the nose to the ear, it will not necessarily be cured by an operation which makes that part more healthy as the removal of adenoids certainly does, because by the time the discharge has passed the acute stage there may be some disease of the bone in the middle ear.

The opinion of the medical inspectors is fortified by that of several mothers who have been pleased by the improvement in their children which has followed the operation.

DENTAL INSPECTION AND TREATMENT.

The staff consists of twelve dentists and twelve dental nurses. They are engaged during the whole of their time in the work of inspection and treatment in the elementary schools. When the schools are closed for holidays at Christmas, Easter and Whitsuntide—those days which are outside the "statutory" holidays of the dental staff are devoted to the Institutions under County Administration. It has never been possible to extend the treatment to nursing and expectant mothers though it is possible in country schools to treat "under-fives."

The classes of children coming for treatment are:—

(1) Routine Group

and (2) Specials. This group includes:—

- a. Children with toothache, dental abscess.
- b. Cases where the septic condition of the mouth is considered to cause other ailments.
- c. Preparation for operation (tonsils and adenoids).
- d. Preparation for entering a Convalescent Home or Sanatorium.
- e. Cases in Institutions. These are treated in the school holidays—Easter, Whitsuntide and Christmas.

Many of the cases grouped under (a) and (b) are children who have not accepted treatment when it was previously offered.

The number of children inspected has been 67,103 in the routine group and 1,462 “specials.” Of these 50,071 required treatment and 23,777 were actually treated, and 6,033 who had been previously treated were re-treated.

The proportion of extractions to fillings was 72,733 to 17,323, or 4·5 to 1. Last year the proportion was 5 to 1.

The figures for different districts fluctuate slightly depending perhaps on the length of the interval between the present and the previous visit during which so much work has accumulated but several dentists interpret it as denoting a slight improvement in the general condition of the teeth. It is not due to a dentally better type of child entering the school for only about 4 per cent. of the six year old children have teeth naturally free from decay.

Mr. Fletcher gives a table which shows the steady proportions maintained by his work over four years. The table “gives the details of treatment expressed in the average number of fillings, extractions, etc. per child for the past four years.”

Year	Extractions		Fillings.		Totals
	Temp.	Perm.	Temp.	Perm.	
1930	3·7	0·56	0·45	1·73	6·44
1931	3·8	0·59	0·55	1·46	6·40
1932	3·5	0·53	0·42	1·79	6·24
1933	3·1	0·70	0·38	1·85	6·03

The work is usually done in schools where the Head Teacher will often put himself to much inconvenience to provide accommodation and not infrequently it is the Head who has least accommodation who goes to the most trouble. **Mr. Long**, working in the most sparsely populated area is trying to reduce the number of clinics he sets up and centralise the work more. A similar effort by one of his colleagues led to a local protest and an aggrieved enquiry as to why the children couldn't be treated at their own school without having to travel two or three miles. In one area it is necessary to have about 95 different dental centres. “This entails an enormous amount of “work which cannot by any stretch of imagination be called ‘dental’.” The hire of village halls, chapels or institutes is apt to be expensive. “From past experience I find that many of the “small village committees are inclined to make exorbitant charges for the hire of rooms in spite “of the fact as is explained to them that the local school children are to be treated at the Centre.” (One of the school dentists.) **Mr. Jackson** has taken the trouble to record the number of sessions worked and distributed among the sections of his work as follows:—

Treatment	Inspection	Packing and Setting up Clinic	Total
319½	70	39½	429

To effect an economy in working time no elaborate charting of dental defects is done at inspections. If it were done the labour in 50 per cent. of the cases would be futile as treatment would not be accepted. It is sufficient to determine quickly that a child needs treatment and to offer it for the parents acceptance. The occasion when treatment is given offers an opportunity for closer scrutiny with mirror and probe and the charting of all defects. One exception to this practice is the child with apparently sound teeth. He requires a thorough examination with mirror and probe at the preliminary “inspection” to make sure that there is no incipient decay.

Propaganda presents a dilemma because with a greater number of acceptances the dentists would take even longer to get round their districts and at the present time they are unanimous in deploring the fact that they cannot get round in a year. All good dentistry is good propaganda. All the dentists go to the trouble of explaining to the children exactly what it is proposed to do and the children can understand a simple statement quite well. The effect on them is excellent. They will put up with a little inconvenience knowing the end to be attained. Children are for the most part quite reasonable. **Mr. Long** forwards a letter which he received from an apprehensive mother begging him in a painfully repetitive manner to be sure to numb the child's "gums with a piece of cotton wool dipped in cocaine," before injecting the local anæsthetic. She said the child was "nervous and delicate" and continued "I would rather you did not stuff (? fill) them as she is especially frightened of this operation." The child when treated was a *perfect* patient.

It has been pointed out before that where the head teacher is enthusiastic the number of acceptances may be 100%. **Mr. Kilvington**, disappointed with the small proportion of acceptances in one school conferred with the head teacher who promptly drafted a special letter to the parents explaining that the child's health and welfare were in question and as a consequence of this action he doubled the number of acceptances. At the other end of the scale of co-operation was the head teacher who, when appealed to in similar circumstances, replied "that the children had too many visits the last time the dentist held his clinic."

It is not felt that the shilling charged as a nominal fee is a deterrent except in the case where there are three or four children in a family requiring treatment. Certain types of district could be cited as exceptions to this general statement.

Owing to shortage of staff no progress has been made in the direction of general anæsthetics in dentistry. Local anæsthetics serve the purpose fairly well. **Mr. Mackay** has been using "block" or regional anæsthesia for four years. (This is an injection around or into the sensory nerve of the area which prevents painful sensations from that area reaching the level of consciousness.) Painless dentistry again, besides being the best practice, is good propaganda.

It is probable, since so much progress is being made in local and regional anæsthesia—so that major operations are daily done by this means—that the need for general anæsthetics in dentistry will diminish.

On the subject of economy of working with general anæsthetics one of the dentists calls my attention to the Report of the Chief Medical Officer of the Board of Education for the year 1932, p. 57. "Where two officers work together—one an anæsthetist and the other as an operator—and an adequate recovery room is available, experience shows that there should be no 'difficulty in dealing with 24 children at each general anæsthetic session. One dentist working 'single-handed and using local anæsthetics could not reasonably be expected to treat more than 'half that number of children in the same time and it would be found that an appreciable proportion of his patients would require a second or third appointment before the necessary extractions could be completed.'" It is exceedingly doubtful whether 24 children requiring multiple extractions could be assembled at any one clinic, and in a county area the question of transport and escort to their own homes would remain after the operative work had been performed, and multiple teeth extractions can never be lightly regarded.

At the same time several dentists deplore the lack of opportunity for giving gas and consider the 'economic' arguments negligible compared with the gratification of doing the work deliberately and well.

Mr. Townend contributes a short note on the durability of fillings, "In my own experience "and in the experience of others—both public dental officers and private practitioners—with whom "I have discussed the matter—there is a tremendous variation in the durability of fillings with which "we attempt to conserve teeth. Some after years of service might—as judged by their soundness "—have been inserted the day before and some go to pieces in a very short time. It is inevitable "that the human factor must enter into this to some extent but I am convinced that it does not "explain such a great variation as we actually find. I have during the last few years tried to make "a forecast of the fate of fillings and been correct in about 80% of my prophecies. (In doing the "operative work I have taken greater care in cases where I judged the prognosis to be bad.)"

"The two important factors governing this variation are (1) personal cleanliness "and hygiene of the mouth of the patient. The weakest part of any filling—*locus minoris "resistentiæ*—is the margin; and if the margin is not kept reasonably clean and free from decay- "ing carbohydrate, fresh caries will commence there enlarging the cavity and subsequently "allowing the filling to become loose."

"(2) The structure of the tooth substance itself. A filling is but a patch and a patch put on "to poor material may have the result that the 'rent' is made worse."

He goes on to discuss whether in cases which are likely to do badly it is worth while doing conservative work unless they can be more frequently re-inspected. **Mr. Kilvington** also makes reference to the same problem. "In regard to conservative work I select the cases for this type of "work as I found that in some cases where I had filled teeth on a previous occasion "the child had failed to carry out the instructions given in regard to oral hygiene with the result "that my previous efforts had not had the desired effect and the dental tissues had become "defective again. Hence I considered it more practical to pursue treatment of a conservative "nature in those cases which indicated a reasonable expectation of success."

This is a matter of some importance as it is not improbable that experience of fillings which have had a short life may be the reason why so many people openly aver that they "don't believe in fillings."

Experimental work on the structure of teeth and their immunity to decay continues but the results are puzzling and do not yet command wide assent. The experimental work of Mrs. Mellanby on dogs is being tried out in institutions for children but the results are not yet convincing. Previous reports in this series have pointed out the superiority of the teeth of children living in institutions. This year **Mr. Buzza** reverts to it, "It has been proved over and over again "that children in orphanages possess splendid teeth and this has also been found in this area."

Dr. Evelyn Sprawson of the London Hospital claims that the habitual use of unheated milk is a powerful factor in developing strong resistant teeth. Diet, however can hardly be the whole story. Continuing the quotation from **Mr. Buzza's** report "It has been thought that the water "supply of a district had some bearing on the formation of good or bad teeth. I have sometimes "wondered whether the teeth in a low lying district are worse than those found on high ground. "There is one school in which teeth are particularly bad, in spite of a good number of acceptances "each year. The school is only a few feet above sea-level and the head teacher says the ground "is always water-logged and I have wondered whether the locally-grown food lacks some elements "which in turn causes this constant crop of carious teeth. The extraordinary thing is that the "children attending another school which is only three miles away and on the same level have good "teeth." **Mr. Macdonald** writes, "At present I am working at Highfields Council School and "speaking of the children as a whole, they have better teeth than I see in any other school in my "area."

A visit to an institution where children are reared reveals one circumstance which cannot fail to strike even the unobservant. Each child's toilet accessories, "face flannel," towel, and tooth brush are in close proximity to the lavatory bowls and the use of a tooth-brush is habitual. While dental salvation cannot be insured by a tooth-brush, clean teeth have a much better chance of resisting decay than dirty ones.

In institutions too, the food is plain and it is probable that each child gets more milk than children in private homes.

The actual state of school dentistry is much as it was ten or more years ago, with the exception that the staff is larger and methods of treatment have shared in the advances made in the technique of dentistry.

The variety of treatments given now include:—

- (1) Extractions.
- (2) Fillings—with several varieties of material and appropriate preparations for each.
- (3) Removing crevices and filling fissures.
- (4) Scaling.
- (5) Polishing.
- (6) Correction of position.
- (7) Silver nitrate treatment of exposed dentine.
- (8) Treatment of gums.

Advances might be made by reducing the size of the areas allotted to each dentist, and at the same time when a new school is being built in a central position making provision for housing the dentist adequately. Such central dental clinics would require to have three rooms, a waiting room, an operating room and a recovery room. Only the second would require special fittings such as lavatory basin and hospital sluice, gas fittings for sterilizer and electric lamp of special design and adjustable position. Wiring for power as well as light would allow the use of an electrically driven dental drill.

The existence of such dental clinics would have the following advantages. It would provide opportunities for

- (1) "Gas Sessions" *i.e.*, when general anaesthetics are given.
- (2) Increased range of work, *i.e.*, use of appliances for regulating teeth.
- (3) By arrangement, the inspection of children who have already been treated.
- (4) Convenient and early re-treatment of such as need it.
- (5) In the winter months it might be used almost continuously and with adequate lighting enable the dentist to work till the end of the afternoon session.
- (6) The treatment of Nursing and Expectant Mothers.

6.—Infectious Diseases.

Disease.	Closed by Order of Local Sanitary Authority.			Closed by Local Education Authority.	
	Schools.	Depts.	Children under five.	Schools.	Depts.
Measles	9	16	2	—	—
Influenza	166	26	—	1	—
Mumps	1	1	—	—	—
Chicken Pox	5	2	—	—	—
Scarlet Fever	7	1	—	—	—
Whooping Cough	6	2	—	—	—
Diphtheria	5	—	—	—	—

Scarlet Fever and Diphtheria rose to a peak in October. The county shared in a prevalence which was common throughout the country. Scarlet Fever is generally of a mild type and on the other hand Diphtheria has been showing a marked degree of virulence. Inquiries into the circumstances of these outbreaks were uniformly negative.

Successive requests for immunization against diphtheria have been received and as promptly acceded to. The work has been carried out at the following schools and centres.

Kirkhamgate Council School	Laughton Council School
Stanley Council Schools	Laughton Church School
Wrenthorpe Church School	Darton Schools
Mirfield Schools	Mapplewell Council School
Horbury Schools	Kexborough Council School
Heckmondwike Schools	Higham Church School
Ardsley Westerton Council School	Thurnscoe Council School
Swallownest Council School	Thurnscoe, The Hill Council School
Brinsworth Council School	Penistone Schools
Catcliffe Council School	Thurlstone Schools
Treeton Council School	Hoylandswaine Council School
Ulley Council School	Linthwaite School Clinic
Thurcroft Council School	Marsden School Clinic
West Slaithwaite National School	

Approximately 3,940 children received the protective treatment at the above clinics.

7.—Following-up.

The name of each child who is found to be defective in the course of medical inspection is handed to the school nurse who visits the home and interviews the parent with a view to treatment being carried out either by the local doctor or at the school clinic, a record being kept in a special register at school as to the progress of the case.

There are 6 whole time nurses on the staff who give their full time to school nursing, 112 health visitors who devote two-fifths of their time to school work and 69 district nurses who give a proportion of time to school nursing and health visiting.

The duties carried out under the heading of "School Nursing" comprise the following:—

AT SCHOOLS.

- Systematic cleanliness surveys.
- Investigations of outbreaks of infectious disease.
- Following up cases to see that treatment is being, or has been, carried out; that spectacles are worn regularly or are in need of repair, and that special exercises, etc., are done.

AT CLINICS.

- Attendance with the Medical Officer at the Treatment Clinic.
- Attendance at the Clinics on specified mornings to treat minor ailments.

VISITING HOMES.

- (a) Following-up children whose defects have not been remedied.
- (b) Interviewing parents concerning defects found; such as uncleanness, bad clothing etc.
- (c) Ascertaining cause of irregular attendance at Clinics.

A summary of the work of the School Nurses is shown below:—

(1) Total number of visits paid to Schools	...	...	...	...	8,509
(2) Total number of examinations of children	...	...	...	...	470,829
(3) Total number of individual children found unclean	...	...	...	...	2,228
(4) Total number of visits paid to homes	...	...	...	...	33,188

8.—Medical Treatment.

The forms of medical treatment available for the school child are as before: (1) Own Medical Advisor; (2) the School Medical Inspector and Health Visitor at the School Clinic; (3) the District Tuberculosis Officer at the Dispensary, and—through him—Sanatorium and Hospital for Surgical Tuberculosis; (4) the County Oculist and Dentist; (5) the General and Cottage

Hospital; (6) Beds rented by the West Riding County Council in open air special schools. The forms of treatment under (2), (3), (4) and (6) are provided by the County Council; those under (1) and (5) are private arrangements. The County Council has also a scheme for the operative treatment in hospital of children with tonsils and adenoids, ear disease and squint.

The grant to hospitals is £1,250 annually and this sum is allocated to the Voluntary Hospitals in proportion to the cases which are treated under the County's scheme.

The total number of children treated under the County's scheme in 1933 was 1,488 made up as follows:—

Tonsils and Adenoids	...	1,286
Squint	...	101
Middle Ear Disease	...	101
		Total 1,488

No advance has been made in the Orthopædic scheme but representatives of the Leasowe Hospital (near Liverpool) called on the County Medical Officer and explained that owing to so many authorities having their own orthopædic schemes and to a general decline in the incidence of orthopædic cases fewer patients were being sent to Leasowe, and in consequence there were more beds available at the Leasowe Hospital.

A certain amount of orthopædic work is still being done in the West Riding and the after care of these devolves on the school medical inspectors and health visitors.

One development could be made immediately by a resolution—without any building of any sort, and that is the permission to call in an orthopædic surgeon to advise on certain deformities. To a large extent the decision as to whether the patient's condition can be cured or ameliorated is a personal one for the consultant—depending on his own proficiency and belief in it. Almost all of the school medical inspection staff have at some time or another expressed the need for such consultations.

The treatment of errors of refraction, shows an increase (see Table IV) of nearly 2,000 children who underwent special examination by the county oculist, school medical inspectors and others but the number who received spectacles was smaller. Possibly there is a 'lag' in obtaining spectacles so that the numbers do not immediately follow the increased number prescribed.

The following classes of cases have been examined by the County Oculists:—

- (1) School children referred by school medical inspectors.
- (2) Children under school age referred from Child Welfare Centres (this co-operation is very much encouraged, to secure early treatment of strabismus).
- (3) Secondary School children, most of them being children who have been awarded scholarships and are about to enter a Secondary School.
- (4) Children who are candidates for Schools for the Blind, or for special schools. These are high myopes and partially blind.
- (5) Children who are leaving such institutions and entering upon training.
- (6) Adult applicants for registration under the Blind Persons Act.
- (7) Adults in Public Assistance Institutions.
- (8) Mentally Defectives in Institutions.
- (9) Candidates for Bingley Training College who require a considerable degree of correction for Myopia.

ULTRA-VIOLET LIGHT TREATMENT. Work of this description has been undertaken for the County at Wombwell and Bingley—two urban authorities which are the authority under the Maternity and Child Welfare Act, 1918. Financial provision has been made for the utilization of Ultra-Violet Ray equipment belonging to other bodies and organisations. The following attendances were made during the year.

Bingley	Wombwell
2,444	2,296

Other treatment has also been given vicariously by the General Infirmary, Leeds and the Clayton Hospital, Wakefield.

The Ultra-Violet Ray Clinic in the grounds of the West End Council School, Hemsworth, has been in commission for the whole of 1933. It is supervised by **Dr. Rice** who contributes the following report.

During the year 167 children attended the clinic and of these 4 were considered unsuitable for treatment. The remaining 163 cases commenced courses of treatment, 23 ceased attendance and 101 completed the course.

The clinic was open, in all, 133 times and the doctor was in attendance at 53 of these sessions.

The lamp used is the "Sunic" Mercury Vapour Lamp. The children are expected to attend for treatment on three afternoons each week, and those who attended most regularly showed definitely the best results.

All the medical men in the district have referred cases for treatment but for the most part the patients reach the U.-V. ray clinic via the Hemsworth and Fitzwilliam Child Welfare Centres.

The type of case treated was in the main the debilitated child with a tendency to rickets but not exclusively limited to these as the following analysis shows:—

Definite Rickets	17 cases	11 cases greatly improved 3 cases improved 3 cases showed little improvement
Debility and Malnutrition	66 cases	41 cases greatly improved 12 cases improved 13 cases showed little improvement
Furunculosis	1 case	Cured
Eczema	1 case	Cured
Asthma	1 case	Improved generally
Unresolved Pneumonia	1 case	Cured
Pink disease	1 case	No improvement
Recurrent Bronchitis	2 cases	Both improved
Paresis	2 cases	Both improved
Enuresis	1 case	Cured
Cervical Adenitis	4 cases	3 cases cured 1 case showed little local improvement
Leg Deformities (Rickets)	3 cases	All improved
Chronic Nasal Catarrh	1 case	Little improvement
Stills Disease	1 case	Patient comforted and sleep induced

During 1933 a new U.-V. ray clinic was established at Denaby Main. In the original scheme it was intended to establish it at the existing School Clinic and Child Welfare Centre in Balby Street, but the electric main was so far away as to make the cost of connecting it up prohibitive. The apparatus was then stored at the Upper Conisboro' Child Welfare Centre until tenancy terms could be agreed upon. This proved impossible and at this stage the Trustees of the Miners' Welfare Institute at Denaby offered accommodation there in rooms adjacent to the swimming bath. The U.-V. ray clinic has only been in operation for a few months.

SCHOOL CLINICS.

The following is a list of School Clinics established by the County Council, all of which, with the exception of those marked * being in conjunction with the Infant Welfare Centres. The Clinics are chiefly held in the mornings by the School Nurses, who refer any cases requiring medical advice to the Medical Officer of the Welfare Centre.

Name and Address	Sessions held Weekly or Fortnightly	Day of Meeting
Adwick-le-Street, Woodside Methodist Chapel, Woodlands	Weekly	Monday Thursday
Airedale, Holy Cross Hut	"	Monday Friday
Armthorpe, Miners' Welfare Institute	"	Monday Thursday
Allerton Bywater, Miners' Welfare Institute	"	Monday Thursday
Ardsley East, Primitive Methodist Chapel	"	Tuesday
Ardsley, West, No. 1, Syke Lane, West Ardsley	"	Monday
Askern, Baptist Sunday School	"	Tuesday
Baildon, Wesleyan Chapel	"	Wednesday
Bentley, Welfare Pavilion	"	Wednesday Friday
Bramley, Miners' Welfare Hall	"	Wednesday
Birkenshaw, Methodist Free Church	"	Tuesday
Birstall, Methodist Schoolroom, Huddersfield Road	"	Monday Wednesday
Birdwell, United Methodist Church, Chapel Street	"	Wednesday
Chapeltown, Miners' Welfare Pavilion	"	Wednesday Friday
Carcroft, Presbyterian Sunday School	"	Thursday
Conisbrough, Army Hut, Balby Street Council School	Daily	Mon., Tues., Wed., Afternoons Thurs., Fri. Mornings
Conisborough Upper, Miners' Welfare Institute	Weekly	Monday
Crofton, Council School	"	Monday
Cudworth Wesley Hall	"	Wednesday Friday
Dalton, Primitive Methodist Chapel	"	Wednesday Friday
Darfield, Wesleyan Sunday School, Barnsley Road	"	Wednesday Friday
Darton (Staincross) Wesleyan Sunday School, Barnsley Road, Mapplewell	"	Thursday
Darton (Gawber) Adult School	"	Tuesday
Dinnington, Wesleyan Sunday School	"	Tuesday Friday

SCHOOL CLINICS.—continued.

Name and Address	Sessions held Weekly or Fortnightly	Day of Meeting
Dodworth, Mechanics' Institute, High Street	"	Tuesday Thursday
Drighlington, Wesleyan Sunday School	"	Monday Friday
Dunscroft, Church Hall	"	Tuesday Friday
Elland, Drill Hall	"	Wednesday
Edlington, Primitive Methodist Chapel	"	Tuesday
Earby, Old Grammar School	Weekly	Wednesday
Farsley, United Methodist Church	"	Tuesday Friday
Ferrybridge, Wesleyan Chapel	"	Thursday
Garforth, St. Mary's Hall	"	Monday
Guiselley, Baptist Church, Oxford Road	"	Thursday
Glasshoughton, St. Paul's Institute	"	Monday Wednesday Friday
Golcar, Council Offices	"	Wednesday
Greetland, Clay House	"	Tuesday Thursday
Greasborough, Town Hall	"	Monday Thursday
Haworth, Council School, Butt Lane	"	Tuesday Friday
Hebden Bridge, Pitt Street Secondary School	"	Wednesday Friday
Hemsworth, Army Hut, West End Council School	Daily	Every morning
Hemsworth (Fitzwilliam) Church Hut	Weekly	Monday Wednesday
Horbury, Wesleyan Sunday School	"	Monday Friday
Hoyland, Miners Welfare Institute	"	Tuesday Friday
Hoyland Common, Wesleyan Chapel	"	Thursday
Holmfirth, Town Hall	"	Thursday
Horsforth, St. Margaret's Hall	"	Wednesday
Hipperholme, Wesleyan Sunday School	"	Monday
Kippax, Church Hut	"	Tuesday (Thursday, alternate)
Kirkburton, Council School	"	Tuesday
Knaresborough, Fysche Hall Cottage, Isles Lane	"	Monday Thursday
Knottingley, Secondary School, Chapel Street	"	Monday Wednesday Friday
Lepton, Liberal Club	"	Tuesday Thursday
Slaithwaite, United Methodist Sunday School, Carr Lane	"	Wednesday Friday
Maltby, Congregational Chapel	"	Monday Thursday
Meltham, Baptist Church	"	Tuesday

Name and Address	Sessions held Weekly or Fortnightly	Day of Meeting
Mirfield, Ings Grove	Weekly	Monday Friday
Marsden, Conservative Club	"	Thursday
Milnsbridge, Bungalow, 93, Manchester Road	"	Tuesday
Normanton, Park Pavilion	"	Monday Wednesday Thursday Friday
Otley, Primitive Methodist Chapel, Station Road	"	Thursday
Oulton, Village Institute	"	Tuesday Friday
Outwood, Church Institute	"	Monday Wednesday Friday
Penistone, Shrewsbury Methodist Chapel	"	Monday
Queensbury, Cricket Pavilion	"	Tuesday Friday
Rawmarsh, Spiritual Temple, Parkgate	"	Monday Tuesday Wednesday Friday
Ripon City, Alma House	"	Monday Thursday
Royston, Wesleyan Sunday School	"	Wednesday Friday
Rossington, United Methodist Church	"	Tuesday Thursday
Saddleworth, Mechanics' Institute, Uppermill	"	Wednesday
Selby, Museum Hall, Park Street	"	Tuesday Friday
Sharlston, St. Luke's Hall	"	Tuesday Friday
Stainforth, New Wesleyan Church	"	Tuesday Friday
Silsden, Ambulance Station, Kirkgate	"	Tuesday
Skipton, Wesleyan Methodist Sunday School Water Street	"	Wednesday Friday
Stocksbridge, Mozart House, Manchester Road, Deepcar	"	Tuesday Friday
Sowerby Bridge, Allan House	"	Tuesday Thursday
Stannington, Underbank Chapel	"	Wednesday
Swinton, Rock House	"	Monday Thursday Friday
Stanley, Zion Congregational Chapel	"	Monday
Tadcaster, Shann House.	"	Tuesday Friday
Thorne, Temperance Institute	"	Monday Wednesday
Thorne (Moorends) Wesleyan Chapel	"	Tuesday Thursday
Thurcroft, Miners' Welfare Institute	"	Monday Thursday
Thurnscoe, Church Sunday School, High Street	"	Monday a.m.
Wath-on-Deerne, Wesleyan Assembly Hall, Chapel Street	"	Thursday p.m. Monday
Wath-on-Deerne (West Melton) Wesleyan Chapel	"	Wednesday Tuesday

SCHOOL CLINICS.—continued.

Name and Address	Sessions held Weekly or Fortnightly	Day of Meeting
Whitwood, Memorial Hall	Weekly	Monday Wednesday
Worsborough, Wesleyan Sunday School (Dale)	„	Tuesday Thursday
Yeadon, Temperance Hall	„	Friday
*Bingley, Mornington Road Council School	„	Monday Friday
*Bolton-on-Deerne, Council Offices	„	Tuesday Wednesday
*Castleford, Wesley Street	„	Every morning
*Featherstone, Methodist Free Church	„	Every morning and Thursday afternoon
*Goole, Dunhill Road	„	Monday Wednesday Friday
*Heckmondwike, Green Side	„	Every morning
*Mexborough, New Evening School	„	Every afternoon
*Robin Hood, Infants' Council School	Fortnightly	Friday afternoon
*Rothwell, New School Clinic	„	Friday morning
*South Elmsall, Miners' Institute, Moorthorpe	Weekly	Tuesday Friday
*Stourton, Council School	Fortnightly	Wednesday afternoon
*Wombwell, Free Library	Weekly	Monday p.m. Tuesday a.m. Wednesday p.m.
*Wombwell, Jump Council School	„	Thursday a.m. Friday p.m.

**List of Special Schools and Special Classes to which Defective children
are sent and the types sent to each school:—**

Name of School	No. of W.R. children in attendance on 31.12.33
DELICATE CHILDREN.	
East Anglian Sanatorium, Nr. Colchester	46
West Kirby Convalescent Home, Nr. Liverpool	23
Oak Bank Open Air School, Sevenoaks	28
Brighouse Open Air School	2
Wombwell Open Air School	57
	156
MENTALLY DEFECTIVE CHILDREN.	
Leeds, Armley Park Special School	1
Leeds, Hunslet Hall Road Special School	1
Knotty Ash Horticultural Special School, Nr. Liverpool	3
Mary Dendy Home, Sandlebridge	5
Allerton Priory R. C. Special School, Liverpool	1
Oldham, Chaucer Street Special School	3
Bradford, Margaret McMillan Special School	3
Besford Court Mental Hospital, Worcestershire.	3
Halifax, Quarry House Special School	4
Monyhill Special School, Birmingham	1
	25
BLIND AND PARTIALLY BLIND CHILDREN.	
Leeds, Blenheim Walk Home	53
Henshaw's Institution for the Blind, Manchester	2
Royal Blind School, Sheffield	22
Fulwood Homes for the Blind, Preston	5
Bradford Daisy Hill Myopic School	3
Southport Sunshine Home for Blind Babies	1
Liverpool Blind Asylum	1
Sheffield, Maud Maxfield Myopic School	1
Court Grange Special School, Abbotskerswell, Devon	2
Yorkshire School for the Blind, York	1
	91
DEAF CHILDREN.	
Yorkshire Institution for the Deaf, Doncaster	87
Leeds, Blenheim Walk Home for the Deaf	21
Royal Schools for the Deaf, Manchester	13
St. John's Institution for the Deaf, Boston Spa	5
Oldham, Gower Street Special School	4
Royal Institution for the Deaf, Derby	1
Rayner's Residential School, Penn, Bucks.	2
	133
CRIPPLED CHILDREN.	
Leasowe Children's Hospital	13
Heritage Craft Schools, Chailey	25
St. Michael's Orthopædic Hospital, Clacton-on-Sea	1
Heswall Hospital, Liverpool	11
Heatherwood Hospital, Ascot	5
Marguerite Home, Thorp Arch	1
Children's Rest, Sefton Park, Liverpool	12
Ethel Hedley Hospital, Windermere	2
Stanmore Hospital, Middlesex	1
St. Vincent's Orthopædic Hospital, Pinner, Middlesex	2
St. Roses R. C. Special School, Stroud	1
Halliwick Cripples Home, Winchmore Hill, London	7
Kirbymoorside Children's Hospital	1
	82
EPILEPTIC CHILDREN.	
Starnthwaite Epileptic Colony, Nr. Kendal	4
Maghull Home for Epileptics	4
Lingfield Epileptic Colony, Surrey	1
	9

9.—Open-air Education.

There is one open-air school in the administrative County, at Wombwell, with accommodation for 60 children. The children are drawn from the Wombwell Schools, Jump Council School, Hemingfield C. E. and Low Valley R. C. but not exclusively. One boy from Worsboro' Dale found to show signs of malnutrition was transferred there. There is no reason, other than difficulties of transport, why children from further afield should not attend the school.

The selection of suitable children is made by **Dr. Kirkwood**. Local medical practitioners have not suggested that any of their slowly convalescing patients should be transferred to the open-air school—a form of co-operation which was hoped would be of mutual benefit.

The children assemble at 9.30 and on the suggestion of **Dr. Magee** (of the Ministry of Health) they have their milk ration at once instead of at mid-morning "break." Lessons go on to 12.15 when they have dinner. Immediately after dinner, they have a rest period, resuming lessons at 1.30 p.m. They disperse at 3.30.

The U.-V. Ray treatment provided by the Wombwell Urban District Council is available for these children at the instigation of the School Medical Inspector. The Dentist for the area makes a special feature of seeing that their teeth are in good condition so that they have good masticatory efficiency and that no child's progress is hindered by oral sepsis.

The conditions for which the children are selected are Debility, Anæmia, Enlarged Glands, Bronchial Catarrh and Malnutrition or any combination of these.

The records furnished by **Dr. Kirkwood** refer to gain in weight because this is measurable; but there are other features such as greater activity out of doors, increased mental zest in school work and improved appetite which cannot be registered numerically. The increase in weight however means a growth in bodily framework and muscle and not a mere deposit of fat.

The children's attitude towards meals is usually satisfactory but some new comers, unused to the food or timid because of the surroundings, refuse it at first. Their uneaten food is taken away when the tables are cleared and nothing is said. Gradually they fall in with the ways of others and before long enjoy their meals with the rest.

As there is a continual influx into and exit from the school the records have to be presented piecemeal.

During 1933 four children left having attained the age of 14 years and during an average stay of 10 weeks had put on an average of 11-lbs.

One child only attended 2 weeks and left on account of acute bronchitis—possibly of tubercular origin. This child was referred to the T.B. dispensary.

Four children left in July, 1933 after an average stay of 7.5 months and made a gain of 7.5-lbs. besides being cured of enlarged glands (3 cases) and anæmia and frequent colds (1 case).

At the end of 1933, at Christmas, 23 children left, 11 of whom had been in the school for 18 months. They had made gains varying from 6-lbs. to 22-lbs. and the average was 12½-lbs.

No.	Length of stay	Average gain
11	18 months	12.5-lbs.
4	17 months	10.5-lbs.
3	12 months	6.5-lbs.
4	7 months	8.5-lbs.
1	13 months	16.5-lbs.

Of the 32 children leaving in 1933 (15 boys and 17 girls)

4 left on reaching 14
1 left on account of illness
27 left cured or very much improved.

The conditions for which these 32 children were admitted were:—

Enlarged glands and debility	...	...	...	...	10
Anæmia and debility	...	...	...	...	10
Anæmia	...	...	...	...	2
Debility	...	...	...	...	8
Bronchial Catarrh	...	...	...	...	2

Co-existing physical defects were:—

Enlarged tonsils	...	...	...	...	5
Tonsils and Adenoids	...	...	...	...	1
Defective vision	...	...	...	...	10
Carious teeth (2 or more)	...	...	...	...	6
Impetigo	...	...	...	...	2
Blepharitis	...	...	...	...	2
Rheumatism	...	...	...	...	1
Alopecia	...	...	...	...	1

The 36 children remaining in the school at the end of 1933 (19 boys and 17 girls) were admitted for the following conditions:—

Enlarged glands and debility	...	...	10
Anæmia and debility	...	...	10
Anæmia	...	...	1
Debility	...	...	10
Bronchial cattarrh	...	...	5

Co-existing physical defects were:—

Enlarged tonsils	...	...	4
Tonsils and adenoids	...	...	5
Defective vision	...	...	8
Carious teeth (2 or more)	...	...	11
Blepharitis	...	...	1
Impetigo	...	...	3
Chorea	...	...	2
Rheumatism	...	...	2
Otorrhoea	...	...	1
Cardiac debility	...	...	1
Inguinal hernia	...	...	1

This is a lamentable list of physical defects but is relieved by the fact that all the children received treatment while at the school. The children with defective vision who did not already have glasses had their refraction tested and glasses ordered when necessary.

The only bad case of tonsils and adenoids had them removed by operation and the other cases were advised as to treatment.

10.—Physical Education.

(see 1931 Report).

11.—Provision of Meals.

THE POWERS UNDER THE PROVISION OF MEALS ACTS WERE PUT INTO FORCE AT THE FOLLOWING PLACES.

YEAR ENDED 31ST DECEMBER, 1933.

Centres at which meals have been supplied	No. of meals (dinners) supplied to certified children during the year.		
	Free	For Payment	Total
Featherstone Miners' Welfare (closed 31st March, 1933)	3,976	—	3,976
Featherstone Salvation Army	18,370	—	18,370
Featherstone Snydale Council	8,780	836	9,616
Featherstone C.E.	4,171	—	4,171
Featherstone Loscoe Grove Council	3,989	—	3,989
Hoyland Common United Methodist	14,695	—	14,695
Hoyland King Street	15,547	—	15,547
Hoyland R.C.	17,309	—	17,309
Hoyland Council	21,250	—	21,250
Dalton Wesleyan Reform	5,428	217	5,645
Thrybergh St. Peter's	16,105	—	16,105
Thrybergh R.C.	3,783	—	3,783
Bolton Percy Council	1,571	—	1,571
Farsley Frances Street Council and Wesley Street Council	1,468	—	1,468
	136,442	1,053	137,495

Subsidiary nourishment is given in the form of one third of a pint of milk daily—fresh or pasteurised. It is delivered in sealed bottles and is not opened till issued to the children who drink it through straws. It is taken in the morning—usually about 10.30. The Head Teacher of Kinsley Council School issues it as soon after 9.0 a.m. as possible. In schools where the standard of nutrition is poor another ration is given in the afternoon. Where the milk reaches the school early enough it might well be considered whether it could not in all cases be issued at once. This would meet the contention of those people who urge that the milk ration spoils the children's appetite for dinner.

Correspondence in the lay press has suggested that the method of distribution (in bottles) is not the most economic method; that the required amount might be sent to each school in sealed tankards delivering the milk by a tap into a papier mache (or other form of) cup.

Where owing to absences from school there is any day a surplus these bottles are given free to the children selected by the head teacher as being most in need of it.

The precautions taken to secure a good reliable supply are as complete as forethought can make them.

When a contractor asks to tender for supplying milk, his cattle are inspected by the members of the County Veterinary Staff. The Sanitary Inspectors inspect the cowsheds and the details of production—pasteurisation and distribution. If a complaint is made about the quality of milk the whole process is again reviewed from start to finish.

Samples of milk are taken for bacteriological analysis and all such samples are examined in the County Bacteriological Laboratory for total micro-organisms and for Tubercle Bacilli. In 1933, 405 such samples were taken and the results will appear in the general report of the County Medical Officer. It may be said here that the unsatisfactory specimens are few and show that a great advance is being made towards a wholly reliable milk supply.

THE EFFECT OF THE MILK RATION. The reason for giving milk was that it contained first class protein—a constituent of food which our experience had led us to think was most deficient in children's diets. It has a growth promoting value which is apparently out of proportion to its caloric value. It is perhaps not entirely fanciful to ascribe this to the fact that it is the natural food of an animal which doubles its weight in six months. At any rate, children on a diet which seems satisfactory grow taller and heavier when milk is added to the diet than do a control group on the same diet without the milk. It has one drawback—which is that it contains no iron and will therefore not cure the anæmia from which some ill-nourished children suffer.

The addition of teaspoon doses of Cod-liver oil (given apart from the milk lest the two should acquire a psychological association) has warm advocates and the head teacher of Blacker Hill School pointed out to me (R.L.) some small children who had earlier suffered from rickety deformities and since taking Cod-liver oil and without any other treatment they had become quite straight.

Dr. McMahon questions the utility of pouring milk and cod-liver oil into children who, on account of ill-feeding, are as likely to be made worse as they are to be made better by the process. This really only refers to the small class who do not benefit because of some minor digestive ailment.

Several teachers insist that attendance at school is better since the milk ration was introduced and that the children suffer to a less extent from minor ailments.

	Number of Issues.			
	Certified		Non-Certified	
	Free	For Payment	For payment	Total
(a) Milk	4,197,799	207,685	4,857,308	9,262,792
(b) Cod Liver Oil	1,914,185	50,568	221,913	2,186,666
Total ...	6,111,984	258,253	5,079,221	11,449,458

Subsidiary nourishment was supplied at 669 centres (1,013 Depts.).

12.—School Baths.

The following are the comparable figures for 1933 and 1932:—

	Total number of children who have received instruction			Total number of attendances made			County Council Certificates gained		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1933	9,737	9,136	18,873	104,654	93,396	198,050	1,740	1,130	2,870
1932	8,335	7,453	15,788	91,686	81,657	173,343	1,017	912	1,929
Total Expenditure									
1933	£2,831 4s. 5d.			Average cost per child per attendance					
1932	£2,342 14s. 4d.			3·43 pence					
				3·24 pence					

The number of children gaining the County Council Swimming Certificate shows a percentage of 15·21 to the total number under instruction as compared with 12·22 in season 1932.

13.—Co-operation of Parents.

The attendance of parents at medical inspections is always desirable though it increases the time given to each child. Their further co-operation in seeing that children do not discard their glasses after they have been provided leaves something to be desired and the subject of securing the children adequate sleep has been mentioned elsewhere.

14.—Co-operation of Teachers.

In medical inspection they can do an enormous amount of good by the support which they give to the advice of the medical inspector. The preparation for the inspection devolves on them, and on their administrative capacity and organization depends the smooth (and swift) running of the work. The first discovery which a new medical inspector makes is that the success of medical inspection varies with the degree of co-operation which the head teacher gives. Such small things as providing the most comfortable accommodation for parents immensely enhances the success of the work.

The dentists who make a longer sojourn at any school gratefully acknowledge the giving up of the teachers' own rooms for the accommodation of the dental clinic. One suggests that a special letter of thanks should be sent to those whose co-operation is outstanding and noteworthy. It might be invidious to do so. I will content myself with thanking them all and trust that they will all ultimately realize that the medical and dental service is their first ally.

15.—Co-operation of School Inquiry Officers.

(See 1928 Report).

16.—Co-operation of Voluntary Bodies.

(See 1922 Report).

17.—Blind, Deaf and Epileptic Children.

(See Table III).

These children appear in various sections of Table III. The whole group of children comprised in Table III are as far as possible allocated to the school medical inspectors for supervision and periodic report. The work of supervision is generally done at some time when, for one reason or other, the elementary schools are closed.

18.—Nursery Schools.

(See 1932 Report).

19.—Secondary Schools.

(See 1932 Report).

20.—Continuation Schools.

(See Report for 1922).

21.—Employment of Children and Young Persons.

The children examined under this heading, viz., 638, were practically all to be employed in the distribution of newspapers and milk.

22.—Miscellaneous.

CLINICAL PATHOLOGY.

The following specimens were taken by the school medical staff and submitted to the County Laboratory for examination:—

Throat Swabs	...	...	...	...	...	...	...	...	262
Hairs and Scales for Ringworm	...	...	...	...	...	...	...	...	48
Miscellaneous Specimens	...	...	...	...	...	...	...	...	10
									<hr/> 320 <hr/>

SPECIAL EXAMINATIONS WERE MADE DURING THE YEAR, AS FOLLOWS:—

(a)	Cases examined under the Mental Deficiency Act (1913) and the Education Act (1921)	...	...	...	...	...	...	983
(b)	School Absentees	...	...	...	...	...	...	189
(c)	Teachers, Caretakers, Candidates and others	...	...	...	...	...	...	428
(d)	Children Examined under the Employment of Children Acts	...	...	...	...	...	...	638
(e)	Children examined for Licences for Entertainment	...	...	...	...	...	...	6
								<hr/> 2,244

Medical Certificates were submitted to the School Medical Officer for scrutiny in respect of 84 applicants for admission to Bingley Training College.

BINGLEY TRAINING COLLEGE.

Special visits were made to the College in May by **Dr. Nora M. Allan**, to examine 98 Students who were about to complete their second year of training.

The candidates, after examination, were placed in the following classes:—A1, 61; A2, 37,

In addition 2 uncertificated teachers were examined.

In September, **Dr. Allan** again went to the College and 84 newly admitted students were examined. These were classified as follows:—A1, 47; A2, 35; B1, 1; and B2, 1.

In concluding I must pay a special tribute to **Dr. Lawrence** for his work in connection with the preparation of the greater part of the subject matter of this Report.

T. N. V. POTTS,

School Medical Officer.

COUNTY HALL, WAKEFIELD.
April, 1934.

TABLE I.

Return of Medical Inspections (Elementary).

A. ROUTINE MEDICAL INSPECTIONS.									
Entrants	...	...	...	...	...	...	...	...	21,827
Intermediates	..	...	...	...	...	...	...	...	23,545
Leavers	...	...	...	...	...	...	...	...	20,387
Total									65,759
B. OTHER INSPECTIONS.									
Number of Special Inspections	...	...	...	...	...	...	...	...	14,416
Number of Re-inspections	...	...	...	...	...	...	...	...	20,701
Total									35,117

TABLE I. (a).

Return of Medical Inspections (Secondary).

A. ROUTINE MEDICAL INSPECTIONS.									
Entrants	...	...	...	...	...	...	...	...	3,954
Age Group 15	...	...	...	...	...	...	...	...	2,145
Total									6,099
B. OTHER INSPECTIONS.									
Number of Special Inspections	...	...	...	...	...	...	...	...	1,005
Number of Re-inspections	...	...	...	...	...	...	...	...	880
Total									1,885

TABLE II. (A)

Return of defects found in the course of Medical Inspection of Elementary School Children in 1933.

DEFECT OR DISEASE.										Routine Inspections.		Specials.	
										Number referred for treatment.	Number requiring to be kept under observ- ation, but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observ- ation, but not referred for treatment.
Malnutrition										3,810	3,014	2,627	2,645
Uncleanliness (see Table IV, Group V)										—	—	—	—
Skin	Ringworm	Head	...	...	...	...	...	...	58	3	64	26
		Body	...	...	...	...	...	...	36	—	12	6
	Scabies	...	...	...	...	...	...	...	85	4	36	2
	Impetigo	...	...	...	...	...	...	...	406	7	148	4
	Other Diseases (Non-Tubercular)		...	...	...	...	...	...	596	126	169	43
Eyes	Blepharitis		...	...	...	...	...	...	778	35	299	21
	Conjunctivitis		...	...	...	...	...	...	120	2	51	1
	Keratitis		...	...	...	...	...	...	11	1	3	—
	Corneal Ulcer		...	...	...	...	...	...	13	4	8	—
	Corneal Opacities		...	...	...	...	...	...	49	48	15	33
Ears	Defective Vision		...	...	...	...	...	...	5,391	2,068	3,841	1,078
	Squint		...	...	...	...	...	...	808	280	288	106
	Other Conditions		...	...	...	...	...	...	149	50	45	16
	Defective Hearing		...	...	...	...	...	...	304	211	124	74
	Otitis Media		...	...	...	...	...	...	387	39	192	36
Nose and Throat.	Other Ear Diseases		...	...	...	...	...	...	175	14	62	4
	Enlarged Tonsils		...	...	...	...	...	...	1,645	4,748	507	933
	Adenoids		...	...	...	...	...	...	366	544	173	310
	Enlarged Tonsils and Adenoids		...	...	...	...	...	...	1,101	594	539	196
	Other Conditions		...	...	...	...	...	...	617	272	135	107
Enlarged Cervical Glands (Non-Tubercular)										171	2,732	32	221
Defective Speech										138	408	41	71
Defective Teeth (See Table IV, Group IV)										—	—	—	—
Heart and Circulation	Heart Disease	Organic	...	...	...	...	...	...	191	509	65	195
		Functional	...	...	...	...	...	...	46	453	17	113
	Anæmia		...	...	...	...	...	...	1,456	428	598	126
Lungs	Bronchitis		...	...	...	...	...	...	1,401	525	115	51
	Other Non-Tubercular Diseases		...	...	...	...	...	...	70	424	22	51
	Pulmonary	Definite	...	...	...	...	...	...	28	9	17	6
		Suspected	...	...	...	...	...	...	108	79	35	29
	Non-Pulmonary	Glands		54	98	32	53
Spine		...	...	...	...	...	...	3	5	2	3	
Hip		...	...	...	...	...	...	8	5	2	—	
Other Bones and Joints		...	...	...	...	...	...	7	6	3	6	
Skin		...	...	...	...	...	...	10	3	2	1	
Other Forms		...	...	...	...	...	...	6	20	3	11	
Nervous System	Epilepsy		...	...	...	...	...	...	26	39	12	18
	Chorea		...	...	...	...	...	...	54	49	40	18
	Other Conditions		...	...	...	...	...	...	111	300	49	191
Deformities	Rickets		...	...	...	...	...	...	319	231	58	29
	Spinal Curvature		...	...	...	...	...	...	108	284	38	99
	Other Forms		...	...	...	...	...	...	180	216	72	177
Other Defects and Diseases										1,528	2,041	581	1,050

B.—Number of individual Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases.)

Group.										Number of Children.		Percentage of Children found to require treatment.
										Inspected.	Found to require treatment.	
Code Groups—												
Entrants										21,827	5,183	23·75
Intermediates										23,545	7,274	30·89
Leavers										20,387	5,987	29·37
Total (code groups)										65,759	18,444	28·04
Other routine inspections										—	—	—

TABLE IIa.—A.

Return of Defects found in the course of Medical Inspection of
Secondary School Children in 1933.

DEFECT OR DISEASE.									Routine Inspections.		Specials.	
									Number referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.
Malnutrition	...	...	...	...	...	...	...	...	86	134	15	2
Uncleanliness	...	...	...	...	...	...	...	...	—	—	—	—
Skin	Ringworm	Head	...	...	...	...	...	...	—	—	—	—
			Body	...	...	...	...	...	2	—	1	—
	Scabies	...	...	...	...	...	...	...	2	—	—	—
	Impetigo	...	...	...	...	...	...	...	4	—	2	—
	Other Diseases (Non-Tubercular)		...	...	...	...	...	...	72	23	8	2
Eyes	Blepharitis	...	...	...	...	...	...	...	45	—	8	—
	Conjunctivitis	...	...	...	...	...	...	...	8	—	3	1
	Keratitis	...	...	...	...	...	...	...	—	—	2	—
	Corneal Ulcer	...	...	...	...	...	...	...	—	—	—	—
	Corneal Opacities	...	...	...	...	...	...	...	4	6	2	4
Ears	Defective Vision	...	...	...	...	...	...	...	727	379	330	139
	Squint	...	...	...	...	...	...	...	22	19	1	2
	Other Conditions	...	...	...	...	...	...	...	8	6	3	1
	Defective Hearing	...	...	...	...	...	...	...	12	19	5	4
	Otitis Media	...	...	...	...	...	...	...	9	1	2	—
Nose and Throat.	Other Ear Diseases	...	...	...	...	...	...	...	9	1	3	—
	Enlarged Tonsils	...	...	...	...	...	...	...	108	250	14	33
	Adenoids	...	...	...	...	...	...	...	13	24	3	3
	Enlarged Tonsils and Adenoids	...	...	...	...	...	...	...	33	9	11	1
	Other Conditions	...	...	...	...	...	...	...	39	12	9	2
Enlarged Cervical Glands (Non-Tubercular)									29	146	2	3
Defective Speech									16	6	1	1
Defective Teeth									—	—	—	—
Heart and Circulation	Heart Disease	Organic	...	...	...	...	...	...	21	55	25	34
			Functional	...	...	...	...	...	11	59	1	26
	Anæmia	...	...	...	...	...	...	...	177	25	35	8
Lungs	Bronchitis	...	...	...	...	...	...	...	21	5	7	1
	Other Non-Tubercular Diseases		...	...	...	...	...	...	4	11	—	1
Tuberculosis	Pulmonary	Definite	...	...	...	...	...	...	—	—	—	—
		Suspected	...	...	...	...	...	...	2	4	4	—
		Glands	...	...	...	...	...	...	2	4	—	1
		Spine	...	...	...	...	...	...	—	2	—	—
	Non-Pulmonary	Hip	...	...	...	...	...	...	—	—	—	—
		Other Bones and Joints	...	...	...	...	...	...	—	—	—	—
		Skin	...	...	...	...	...	...	—	—	—	—
		Other Forms	...	...	...	...	...	...	—	—	—	—
Nervous System	Epilepsy	...	...	...	...	...	...	...	—	—	1	1
	Chorea	...	...	...	...	...	...	...	1	—	1	2
	Other Conditions	...	...	...	...	...	...	...	13	17	5	6
Deformities	Rickets	...	...	...	...	...	...	...	7	6	—	—
	Spinal Curvature	...	...	...	...	...	...	...	52	62	7	3
Other Defects and Diseases	Other Forms	...	...	...	...	...	...	...	172	98	11	15
	...	...	...	...	...	...	...	...	144	120	62	39

B.—Number of individual Children found at Routine Medical Inspection to
Require Treatment (excluding Uncleanliness and Dental Diseases.)

Group.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
Code Groups—			
Entrants	3,954	750	18·96
Age-group 15	2,145	589	27·46
Total (code groups)	6,099	1,339	21·95
Other routine inspections	—	—	—

TABLE III.
Return of all Exceptional Children in the West Riding,
31st December, 1933.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS	47
BLIND CHILDREN	
At Certified Schools for the Blind	37
At Public Elementary Schools	3
At Other Institutions	—
At no School or Institution	4
	44
PARTIALLY BLIND CHILDREN	
At Certified Schools for the Blind	46
At Certified Schools for the Partially Blind	—
At Public Elementary Schools	47
At Other Institutions	—
At no School or Institution	17
	110
DEAF CHILDREN	
At Certified Schools for the Deaf	105
At Public Elementary Schools	5
At other Institutions	—
At no School or Institution	5
	115
PARTIALLY DEAF CHILDREN	
At Certified Schools for the Deaf	121
At Certified Schools for the Partially Deaf	—
At Public Elementary Schools	8
At other Institutions	—
At no School or Institution	2
	131
MENTALLY DEFECTIVE CHILDREN (Feeble-minded Children)	
At Certified Schools for Mentally Defective Children	25
At Public Elementary Schools	333
At Other Institutions	12
At no School or Institution	224
	594
EPILEPTIC CHILDREN (Children suffering from Severe Epilepsy)	
At Certified Special Schools	9
At Public Elementary Schools	22
At other Institutions	2
At no School or Institution	31
	64
PHYSICALLY DEFECTIVE CHILDREN (Children Suffering from Pulmonary Tuberculosis—including Pleura and Intra-Thoracic Glands)	
At Certified Special Schools	5
At Public Elementary Schools	577
At other Institutions	91
At no School or Institution	80
	753
(Children suffering from Non-Pulmonary Tuberculosis)	
At Certified Special Schools	8
At Public Elementary Schools	1,045
At other Institutions	137
At no School or Institution	151
	1,341
DELICATE CHILDREN	
At Certified Special Schools	71
At Public Elementary Schools	2,202
At other Institutions	—
At no School or Institution	251
	2,524
CRIPPLED CHILDREN	
At Certified Special Schools	89
At Public Elementary Schools	82
At other Institutions	2
At no School or Institution	73
	246
CHILDREN WITH HEART DISEASE	
At Certified Special Schools	18
At Public Elementary Schools	9
At other Institutions	—
At no School or Institution	32
	59

TABLE IV.

Return of Defects Treated during the year ended 31st December, 1933.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness).

Disease or Defect.							Number of Defects treated, or under treatment during the year.		
							Under the Authority's Scheme.	Otherwise.	Total.
(1)							(2)	(3)	(4)
Skin.									
Ringworm—Scalp	...	...	...	...	...	...	954	92	1,046
Ringworm—Body	...	...	...	...	...	...	890	16	906
Scabies	...	...	...	...	...	...	845	97	942
Impetigo	...	...	...	...	...	...	11,675	304	11,979
Other skin diseases	...	...	...	...	...	...	1,841	153	1,994
Minor Eye Defects	...	...	...	...	...	...	4,086	190	4,276
(External and other, but excluding cases falling in Group II).									
Minor Ear Defects	...	...	...	...	...	...	4,692	195	4,887
Miscellaneous	...	...	...	...	...	...	24,000	493	24,493
(e.g., minor injuries, bruises, sores, chilblains, etc.).									
TOTAL							48,983	1,540	50,523

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Number of Defects dealt with.

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint) (Operations for Squint should be recorded separately in the body of the Report) ...	7,628	742	—	8,370
Other Defect or Disease of the eyes (excluding those recorded in Group I)	—	—	—	—
	7,628	742	—	8,370

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	5,943
(b) Otherwise	742

Total Number of children who received spectacles :—

Under the Authority's Scheme	3,338
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Group III.—Treatment of Defects of Nose and Throat.
Number of Defects.

Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme. in Clinic or Hospital (see note b). (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total (3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(4)	(5)
943	120	223	—	630	143	362	42	1573	263	585	42	—	2463

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.

Group IV.—Dental Defects.

(1) Number of children who were:—

(a) Inspected by the Dentists—

		5	...	6,237						
		6	...	10,586						
		7	...	11,397						
		8	...	11,125						
Routine Age Groups	...	9	...	7,936		Total	...	67,103		
		10	...	6,291						
		11	...	5,424						
		12	...	4,198						
		13	...	3,580						
		14	...	329						
Specials	...									1,462
Grand Total	...									68,565
(b) Found to require treatment										50,071
(c) Actually treated	...									23,777
(d) Re-treated during the year as the result of periodical examination	...									6,033
(2) Half-days devoted to—										
Inspection	...							909		
Treatment	...							4,037		
Total	...									4,946
(3) Attendances made by children for treatment										31,406
(4) Fillings—										
Permanent teeth	...							14,937		
Temporary teeth	...							2,386		
Total	...									17,323
(5) Extractions—										
Permanent teeth	...							11,644		
Temporary teeth	...							61,089		
Total	...									72,733
(6) Administrations of general anæsthetics for extractions										—
(7) Other operations										
Permanent teeth	...							4,017		
Temporary teeth	...							1,021		
Total	...									5,038

Group V.—Uncleanliness and Verminous Conditions.

(1) Average number of visits per School made during the year by the School Nurses	...	...	...	...	...	...	...	10.0
(2) Total number of examinations of children in the Schools by School Nurses	...	...	...	...	...	...	...	470,829
(3) Number of individual children found unclean	...	...	...	...	...	...	...	2,228
(4) Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	...	...	...	...	211
(5) Number of cases in which legal proceedings were taken—								
(a) Under the Education Act, 1921	...	...	...	...	...	...	...	—
(b) Under School Attendance Bye-laws	...	...	...	...	...	...	...	—